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TROUBLES WE DON'T TALK ABOUT!

THESE PAGES ARE DEDICATED

TO THOSE WHO SUFFER IN SILENCE, LINGER IN DOUBT AND CARRY ON IN DESPAIR, SO THAT THEY, TOO, MAY ENJOY BETTER HEALTH AND LONGER LIFE

TROUBLES WE DON'T TALK ABOUT!

BY

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ILLUSTRATED

PHILADELPHIA, LONDON, CHICAGO, MONTREAL

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PREFACE

HERE is a book such as has never before been published in the interest of public health. It should have been published years ago. However, the traditions of the profession have so encumbered legitimate and decent physicians that the public could only obtain such information from a source very poorly fitted to give out any comments on public health, namely the advertising quack. But now the situation has changed. The profession has thoroughly recognized the need of publicity in health matters. A score of books have been written in the last year by authoritative specialists concerning diseases to which they have given special attention, and this material is offered by reputable publishers to the general public. It is a great step in the eradication or at least decrease of disease by the most potent remedy yet found, namely, education.

It must be very evident that a book such as this is written under the greatest handicaps. The sensible limitations as to how much infor-

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mation *could* be given, the requirements of good judgment as to what *should* be said and finally the natural delicacy of the subject have all conspired to make the task a difficult one—and hence worthy of sincere endeavor. In the following pages I have striven to be usefully informative and fearless of opinion. In this I have been encouraged by the remarkably inquiring attitude of today's public and by a firm belief that in health matters, as in all others, the truth alone will prevail.

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30 East 40th St.
New York, N. Y.

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TROUBLES WE DON'T TALK ABOUT!

CHAPTER I

WHAT PRICE MODESTY?

It may seem curious that any question should be raised as to whether decency may at times be so exuberant as to be harmful, yet physicians daily see people who have suffered for years with some ailment or other rather than submit to a medical examination. Assuredly modesty is a jewel, but then, too, one may wear too much jewelry. So the natural query is raised as to whether there *is* a point where modesty ceases to be a virtue.

With the exception of disease produced by licentious living, the majority of morbid conditions are misfortunes of existence to which no shame may be rightfully attached. Among these innocently obtained ailments are rectal diseases. That the rectum should at times suffer disorder is quite as natural as that any other organ, such as the stomach or lungs, be affected. Yet to many persons, both male and female, there is associated with rectal diseases

a pernicious reticence which leads to neglect, harmful attempts at self treatment or else clandestine consultation with some "quack" doctor.

Almost any physician can relate to you of cases in his practice where the continued bleeding from hemorrhoids has led to that lamentable thinning of the blood known as anemia, in which condition a person's resistance to all disease it greatly lowered. Again, in neglected cases infection occurs and is accompanied either by such a torturing itching as to distort one's nervous system cruelly, or else by intense pain which wracks the body and makes life miserable.

Should absorption of such infective material occur, the complaints commonly known as rheumatism, arthritis or neuritis occur with all their attendant aches and disabilities. Finally, the neglect of a diseased rectal condition may, as in any other part of the body, result in cancer whose final price is death—preceded by untold suffering. Such are the consequences of false modesty, and reflection on the situation will immediately suggest the question, "What Price Modesty?"

What can the modest one offer as an excuse for such shameful neglect, such a flagrant vio-

lation of ordinary good sense? In confidence, one of the ultra-modest people will put forth one of three explanations: the dislike of such exposure as she or he believes is necessary for a medical examination; the fear of pain incident to examinations; or an overweening self-pride which will not allow him to consult his friend, the family physician, concerning an ailment of this type. All three objections are based on false facts or sentiments.

Unfortunately almost everyone recognizes the wisdom of good counsel except he who has need of it, but "he who refuses cheap advice must buy dear repentance." Shakespeare has said that "self love is not so vile a sin as self neglect." As sensible people, therefore, let us learn more about our body, its care in health and its needs in sickness.

CHAPTER II

SOME UNMENTIONED AILMENTS AND HOW THEY HAPPEN TO OCCUR

THE subject of disease is not ordinarily a particularly delectable morsel for conversation or for round table discussion; nor is it advocated as such. Yet the sanctity of medical confidence will allow discussion of this nature such as is inappropriate elsewhere. Among the various ailments which afflict mankind, but which by their nature are considered "unmentionable," are such conditions as fistula, hemorrhoids and other rectal conditions.

The food canal is one of the most important groups of organs in the body. Moreover, in these days of heavy eating it is one of the most actively used of all organs. The average person gives but little thought concerning the wonders of digestion after he has swallowed his food, yet the comfort of his existence and indeed his very existence depends upon the efficiency with which the stomach and intestines digest the food and convert it into simpler substances.

These simpler substances when carried to other parts of the body, by the blood and lymph, furnish the fuel from which we derive our energy or action, furnish the repair material with which we keep the tissues of the body in a healthy state, and finally furnish material upon which the various tissues grow. It is very evident, therefore, that stomach trouble is far more than a local trouble and that its effects are quite far reaching. The fact is, however, that the intestines do most of the actual digestion and hence disorder in their function is correspondingly greater in its ill effects.

Part of the intestinal system is known as the small intestine and in it the greater part of digestion occurs. Another part of this intestinal system is the large intestine and in it occurs the absorption of whatever food materials have been made fit to absorb. The large intestine, of which we speak, is commonly known as the colon and its lower portion the rectum. (Fig. 1).

Unless the colon is in a state of health its functions of absorption are greatly interfered with. Since the material in the colon has been

rendered fit to absorb only by hours of intricate hard labor of digestion, it stands to reason that unless the majority of this material is

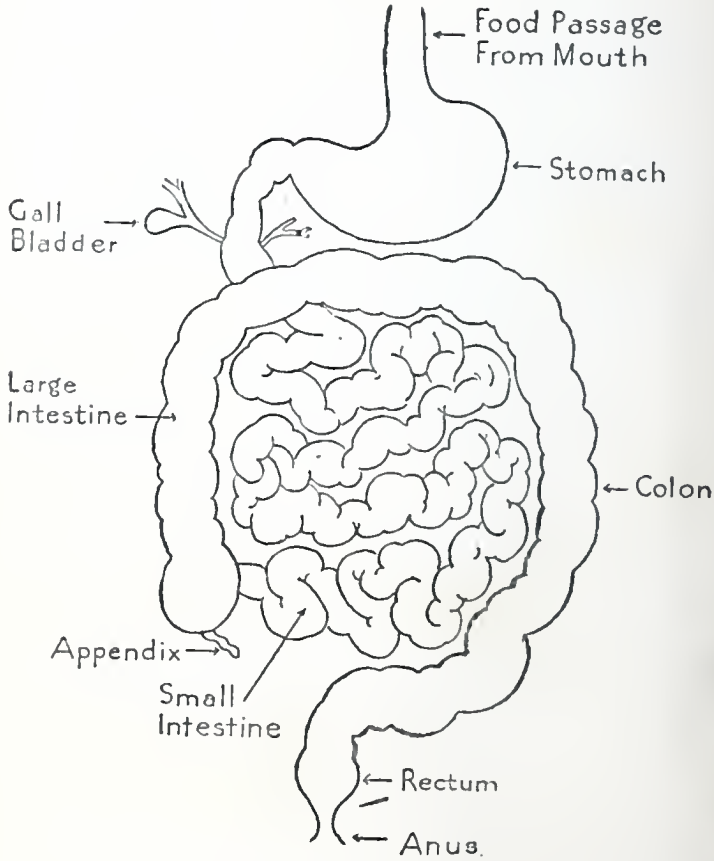

FIG. 1.—The food canal.

absorbed the work of digestion is a total loss. Thus, in cases of inflammation of the colon, usually evidenced by diarrhoea, the colon be-

comes very irritable and passes on to the exterior a considerable quantity of fluid containing an appreciable amount of food substance which it should, by right, absorb.

The opposite of this condition, one in which the colon has lost its normal contractive power, allows an undue lingering of intestinal content in the colon. This is commonly known as constipation and much harm results from it since the colon absorbs more than it should, chiefly in the form of toxic substances which would be excreted if the bowel were normal. This condition, if continued over any great length of time, is known as auto-intoxication. The two conditions of diarrhoea and constipation therefore are of extreme importance, and call for thorough investigation as to cause and the prompt starting of measures calculated to eradicate them.

These disorders, however, are not the only ones to which the lower bowel may fall prey. For many reasons, given in detail at a later point, the veins of the rectum may become swollen and distended to form piles or hemorrhoids. Infection may occur in the same it does in other parts of the body and

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cause ulcers of the lining of the colon or else in more deeply seated infection, cause abscesses. Abscesses themselves, particularly when neglected, cause channels to be developed under the skin and these are known as fistulas. Then again, particularly in constipated people, the skin of the rectum may be torn and the condition is painfully known as fissure. In some conditions where the muscles of the rectum are naturally weak, certain other conditions such as coughing or straining can cause a falling of the rectum which is noticed as a protrusion or prolapse from the anal outlet. As the result of some of these conditions and, unfortunately, in some instances, as an attempt to treat them, immense circular scars develop which so narrow the rectum as to cause a stricture. This naturally interferes very greatly with bowel action. Another unfortunate result of unskilful attempts to treat rectal conditions is a loss of bowel control. Finally, we find in the rectum a condition whose only known cause is neglect. This condition is cancer of the rectum.

These are some of the unmentioned ailments which people daily suffer from for want of a

better knowledge of the seriousness of neglecting them and perhaps, too, for the want of the knowledge that practically all of them are capable of cure under skilful treatment. Neglect to mention them if you will, but at least don't suffer from them in silence when a remedy is so close at hand. These diseases are as innocent in their nature as tonsillitis, varicose veins of the legs or an ordinary common cold. The successful treatment of them is just as possible!

CHAPTER III

AN EXAMINATION PROPERLY DONE SHOULD CAUSE NO PAIN OR EMBARRASSMENT

THE doctor who hurts a patient while examining him is a bungler, for there is no reason to either cause a patient pain or to cause him embarrassment. It will be readily granted that certain conditions are in their very nature painful and extremely tender to touch, but this only calls for the exercise of more skill and does not in any way excuse the doctor for the lack of it. No doctor, who has the best interest of his patient at heart, will ever approach the matter of examination roughly. Roughness in examination not only makes impossible a satisfactory examination, but by putting the patient in a worried or scared state of mind makes the idea of a future examination unwelcome. Thus an examination which would disclose the real cause of trouble is denied.

To this point I have been speaking more particularly of an examination by hand. This same statement applies, however, even more forcibly to examinations involving the use of

instruments. In this instance a patient may not only have his feelings hurt but may also sustain actual damage. Thus when unsuitable instruments, as for instance those which are too large, are used the parts may be torn in such a manner that an artificial fissure is made. Artificial though this may be it is quite as painful as one acquired in the natural way. Indeed, as is mentioned in Chapter XI it is perhaps the most painful of all ano-rectal complaints. Thus the ill effects of improper examination may last long after the actual examination.

In this same way the unskilful use of instruments, even of suitable instruments, may give rise to pain and do damage. No conscientious doctor will force the entry of an instrument unless the advancing part is directly under the control of sight. It has always been an object of wonder how the doctor could possibly see inside the intestine even after the instrument is inserted. Yet this is not only possible but, thanks to modern inventions, is easily possible. Whereas a few years ago examination of the intestine was chiefly guess work it is now a very precise act. By means of a thin smooth

tube of metal with rounded end, a small electric light about the size of a kernel of wheat, is introduced right up inside of the intestine. Small though this light is, it gives off a very

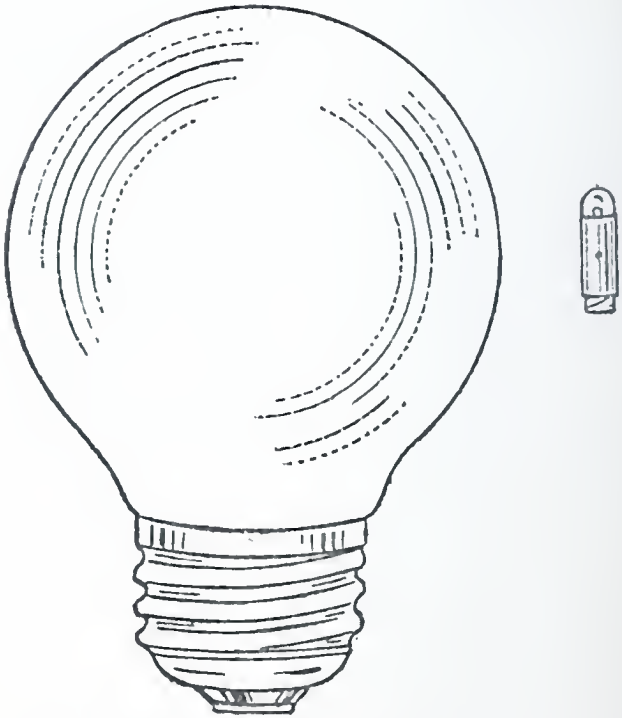


FIG. 2.—Miniature electric light bulb used for examining the interior of organs; compared with ordinary light bulb.

brilliant light. (Fig. 2). In this way the interior of the intestine may be thoroughly examined. Moreover, by means of a lens attached to the tube a magnified view is obtainable.

In addition, by means of a special attachment, actual pictures of the interior may be taken. These pictures may be used for more lengthy study after the patient has left the office and may also be used as records of progress during treatment. The advantage of this is great. For instance, when a patient is found to have an ulcer, the diseased part may be photographed. After a week of treatment the ulcer is again photographed. At regular intervals thereafter the same ulcer is photographed up until the time when complete healing has taken place. Thus we can follow the progress of the healing process and may check up on the efficiency of the various methods we are using in treatment. All this was not possible a few years ago, and it represents one of the advances in modern medicine which is steadily making the treatment of colonic and rectal diseases an exact science.

Pictures such as I have just described are, of course, not to be confused with x-ray pictures since the latter are merely shadows cast by substances in the intestines. The x-ray, however, is an indispensable aid to the diagnosis of certain colonic diseases and a

thorough examination should include, at least in a majority of cases, an x-ray examination of the colon. This can be done very easily, quickly and cheaply. It does not require the eating of a barium or bismuth meal nor any alteration in normal diet. It thus differs from what is required when a complete examination of the stomach and small intestine is attempted. Because of the fact that it can be done so easily and inexpensively there is, therefore, no excuse for overlooking conditions in the colon which may be found by the use of this method. Indeed, I personally make it a part of my routine examination of the colon and rectum since there are limitations to the extent that one may examine with the tubular instruments described above. The advantages of the method are many even though such examinations should prove negative. The negative information itself is of value because of the assurance it gives us that we are not treating a case of hemorrhoids while neglecting some more serious condition, such as cancer, in the upper portion of the colon.

There is certain natural embarrassment about an examination of this type. This is noticeable even in men, yet the patient can be

readily spared the embarrassment incident to examination by a little forethought on the part of the doctor. A considerate physician will have his nurse drape the patient with sheets prior to the examination in such a manner that only a small amount of exposure is allowed, in fact, just sufficient for examination of the region in question. When covered in this manner with a sheet even the most modest patient will suffer no humiliation during the few moments that the examination is in progress. Considering the absolute necessity of an examination most patients accede to it without question.

Perhaps the most important thing for a patient to know is what constitutes a thorough examination of these parts. The mere asking of questions does not constitute an examination. That merely makes the basis for a guess and where one's health is concerned guesswork is out of order. Examination by means of a gloved finger is foolishly insufficient. Unless instruments are used the examination cannot be satisfactory. Even then the employment of only the short two inch instruments give but a small degree of information. What is necessary is an examination

with the longer instrument, about six inches in length. This instrument is known as the rectosigmoidoscope. If suitable instruments are used (and used skilfully) the examination will be absolutely painless. In addition to these various methods of examination the use of the x-ray enema is, in my opinion, advisable in most cases. On this point, however, it is well for the patient to rely upon the advice of his doctor. I have seen many cases of disease in the upper colon which were treated unsuccessfully for months simply because the physician had neglected to have this examination made. You are quite within your rights in suggesting this to your doctor and an honest physician will accept such suggestion without offense.

The foregoing will give some idea of what a proper examination consists of. Without a proper examination treatment is as haphazard as trying to sail the ocean without a compass or chart. Since your health is involved, it is your duty to yourself to see to it that you get a thorough examination. You are doing no more than following your natural instinct of self preservation in passing upon the thoroughness of this examination.

CHAPTER IV

IMPORTANT FACTS ABOUT HEMORRHOIDS

THE best known and the most ancient of all rectal diseases is that known as hemorrhoids or piles. I say the most ancient on very definite grounds since quite curiously we find mention of the ailment in many very old manuscripts and books among which may be mentioned the Bible. Certain it is that the condition has been known from the most remote times. It is equally certain that it is at present the commonest of all ailments afflicting the rectum. However, it is not nearly as common as is usually supposed, since other diseases affecting the rectum not infrequently are called hemorrhoids when as a matter of fact they represent entirely different conditions.

Perhaps, then, the most important fact to be known about hemorrhoids is that just as "all is not gold that glitters" so, too, everything given the name of hemorrhoids or piles is not necessarily the exact condition which we doctors call by that name. I mention this particularly because of the widespread habit of calling

almost everything that goes wrong in this part of the body by these names.

Usually some qualifying adjective is given, since even people who are not doctors realize that there are different kinds of rectal diseases. Thus we often hear of "itching piles," a condition which is not necessarily associated with the presence of hemorrhoids and, indeed, in many cases is not, as is pointed out in my chapter on "Itching Afflictions." Instead, this condition is often due to an inflammation of the colon or to the presence of a fissure, a fistula, or some condition other than hemorrhoids.

The term "bleeding hemorrhoids" is correct to no greater degree, since there are many conditions of disease other than hemorrhoids that may occur in the anus and rectum and also cause bleeding. Moreover, the symptom of bleeding is *not always* associated with the presence of piles. Incidentally the word hemorrhoids is the exact medical term used to describe the condition commonly known as piles. Both words, therefore, mean the same thing. We often hear the expression of "hard piles" and what is usually referred to in this

case is the presence of a clot in an external hemorrhoid. It is a true hemorrhoid. This leads me to state that the two chief varieties of real hemorrhoids are those which occur outside of the anus and those which occur inside. In the terms of the doctors' language the outside piles are known as external hemorrhoids and the inside piles are known as internal hemorrhoids. Each variety is distinct and each requires a different type of treatment.

One other term commonly used in connection with a condition of rectal disease is that of "weeping piles" because of the constant moisture which is noted at the anal opening. This condition is not really one of hemorrhoids, but is often due to the leakage of mucus from an inflamed rectum or else to the discharge from an unhealed fistula.

The inaccuracies involved in such names are not of much importance, but the fact that they represent, in many instances, self diagnosis *is* important because it so frequently is accompanied by attempts at self medication. Thus, not infrequently it leads to the use of suppositories, dilators, salves and other "home remedies." This is essentially the same as

neglect since no case of hemorrhoids was ever cured by any of these remedies.

Salves rubbed on the outside of the rectum, that is, the anus, cannot possibly be of any value if the condition really is one of piles since they are situated at least three quarters of an inch to one inch above the point where the salve is applied. Suppositories are likewise of but little if any value in the treatment of this condition. Indeed, in some instances they may actually do harm since in attempting to introduce them the hemorrhoids may become bruised. This bruise is likely to become ulcerated and hence the hemorrhoids become infected. Moreover, all such medications merely coat over the covering of the hemorrhoid, and other than acting as a mild protective to this covering it has no value. Dilators of one type or another are widely advertised and often suggested by friends. It is claimed that by their use the muscle controlling the rectal outlet—the sphincter—is stretched and that this sphincter stops pressure on the hemorrhoid. This pretty theory is, however, all wrong and the dilators really do not cure real cases of hemorrhoids.

The reason why none of these various remedies are of any value in the treatment of piles is that they do not take into consideration the nature of the disease. Perhaps this may be best

FIG. 3.—Varicose veins of the leg.

explained by recalling to your mind the appearance of varicose veins of the legs. (Fig. 3). This condition is often seen in elderly people or those who do much continuous standing. Since it is so common, no doubt,

everyone has seen it at some time or other. The varicose veins are swollen blue vessels which run in a crooked twisted manner under the skin in the leg as may be seen in the picture of this condition shown herewith.

The understanding of the condition is fairly easy. The walls of the veins have become so weak that blood which flows through them stretches them and twists them out of shape. With this in mind it is easy to understand what hemorrhoids are since they, too, are varicose veins which differ from those occurring in the leg only because of their position in the walls of the rectum and the very different conditions to which they are subjected. We can bandage a varicose vein of the leg and thus give it some external support and protect it from injury, but this is quite impossible in the case of those varicose veins of the rectum which make up a hemorrhoid.

Instead, these veins protrude into the interior of the rectum and are aggravated or damaged by every bowel movement. Particularly in people subject to constipation one may notice the effects of this irritation. If the bowel movement is unnaturally hard the

lining of the rectum may be torn enough to expose the wall of the vein or even tear that too. In any event bleeding is very apt to occur and not infrequently when the wall of the vein is torn it may bleed so severely as to cause the patient to faint. Of course, bleeding does not occur in all cases nor as severely as this in many cases, yet the possibility is always present and should be borne in mind by anyone suffering from hemorrhoids.

Just as bleeding is one symptom of the presence of hemorrhoids so, too, is pain. Though not liable to be acute most internal hemorrhoids not infrequently give rise to an aching in the rectal region or sense of fullness. Pain may also be felt in the small of the back or down the legs. When pain does become acute or intense it is usually the sign of strangulation of the blood vessels or a clotting of the blood within the hemorrhoid.

A very frequent indication of the presence of hemorrhoids is the protrusion of part of the rectum through the anus following a bowel movement. At first the part that protrudes returns of its own accord, but later it may remain outside of the anus and require re-

placement by the patient himself or by the doctor. At times, when this protrusion is marked or constant, there occurs a leakage of mucus; at other times when the hemorrhoids become inflamed the circular muscle at the anus is irritated and by contracting tightly interferes with normal passage of the bowel content. This results in constipation and that in turn aggravates the hemorrhoidal condition.

Besides being the source of much discomfort there are some other more serious possibilities. The constant oozing of even a small amount of blood for a long time gradually thins the blood so that the sufferer is constantly pale, weakened, and finds himself increasingly susceptible to such things as colds, boils and other infections. Should the piles themselves become infected, absorption of the poisons generated by the infection are absorbed into the body, give rise to rheumatism and cause no end of trouble. The entire nervous system is deranged and the patient is troubled with what he calls nervous indigestion, an excessive amount of gas, and various other symptoms which in many instances can be directly traced to the presence of hemorrhoids. He also becomes irritable in disposition.

The most serious accident that can happen in a case of hemorrhoids may occur when they protrude and for some reason, as for instance, the contraction of the sphincter muscle shuts off their blood supply and causes them to become strangulated. If this strangulation be not relieved very promptly gangrene sets in and the tissues die, become infected and the patient is reduced to a very horrible and serious state. Since such a catastrophe can be avoided by treatment in time it may readily be seen that the price of neglect runs high. But neglect exacts another bit of toll in not a few unfortunate instances and that is by the occurrence of cancer in the tissues of chronically irritated and long neglected cases of hemorrhoids. I need not dwell further on what this means. Suffice it to say that Nature is a stern master. It does not say you must not neglect yourself but it does say if you do neglect yourself you *must* pay the price.

Confronted with a condition which carries with it such possibilities for trouble, what may be done? It will be comforting to know that in all but extreme cases a cure may be accomplished and in many instances without an

operation. In my opinion the method which permits a cure of hemorrhoids without operation is one of the most beneficial features in the modern treatment of rectal diseases. The treatment I refer to is known as the injection treatment and consists in injecting with a fine needle a substance which causes the hemorrhoids to shrink. This must not be confused with enema or irrigation treatments, which are sometimes known as injections. They are entirely different, however, from the injection treatment I refer to. Properly given, in cases suitable for treatment by this method, most astounding cures may be accomplished. In skilful hands it gives absolutely no pain either at the time of injection or at any later date. It is, therefore, a very safe bloodless method and has the great advantage of allowing the patient to continue at his work.

Of course, there are cases in which complications have occurred and in which surgical removal is the only answer to the problem presented. However, modern methods permit the surgical treatment of almost all these cases without the necessity of taking ether. With the aid of a substance similar to cocaine the

nerves may be deadened and in a relatively few minutes all but the worst cases of piles may be completely and painlessly cured. In a few days the person can get up and go about his work. Very soon he is entirely healed, has regained his strength and feels like a new man. There is no need, therefore, to fear the operation for hemorrhoids. Nor need the patient feel the dread of the removal of "plugs" after the operation, since their use has been abandoned by most up-to-date surgeons. Patients also dread the occasion of first bowel movement following the operation, yet there *are* methods which rob this also of its terror and make it a disappointingly painless procedure. The treatment just described is, of course, an extreme measure and practically every case if brought to the doctor's attention early enough can be cured without operation whatsoever.

I mention all the good points of the modern method of treating hemorrhoids conscious of the fact, however, that there lingers in the minds of many people accounts which they have heard of some of the brutal surgery at times perpetrated under the name of an opera-

tion for hemorrhoids. I have seen cases where so mueh of the ano-rectal tissues have been removed that the patient never again had complete eontrol over his bowels. I have also seen cases where the scar tissue following what some surgeon thought was surgery caused an impassable narrowing of the bowel whieh made straining and the constant use of cathartics necessary in order to have a bowel movement.

Many such cases as those described were due to the employment of what is known as the Whitehead operation. Others followed the unskilful use of eleetricity and cautery. Gradually I presume the profession will realize the barbarity of such operations as the Whitehead and will spare their patients its frightful effeets. Here are the exaet words of a patient who eame to me for relief. "Last August I had a radical Whitehead operation done on me and since that time I have suffered from the most humiliating, messy and distressing condition of ineontinenee. I have to wear a towel continually, there being a continual dribble. Gas is expelled without my knowledge and very much to my humiliation." Nothing need be added to this quotation to make us realize

that good or bad results in operations on the rectum depend very largely on whether the surgeon performing the operation has good or bad judgment.

I cannot leave the subject of treatment, however, without making a few remarks on a method which has recently been foisted on the medical profession. I refer particularly to the method known as electro-coagulation. My detailed views on this subject are given in the chapter on "Electrical Methods." Here I may say that the method carries with it many dangers which the simpler method of tying and removal by surgical means avoids. Those who advocate electro-coagulation claim that it is painless, bloodless and safe. My own experience inclines me to the contrary. I have seen cases in which this method was used where the patient suffered intense pain, I have also seen cases in which a few days after the slough caused by coagulation had fallen off, tremendous bleeding occurred, and in view of this I cannot, as a matter of opinion, consider the method safe.

What causes hemorrhoids? The usual answer names constipation as the cause. How-

ever, this is not always the case. Indeed, in some instances, constipation is caused by the irritation of hemorrhoids present. Yet it is sufficiently common as a cause to warrant the belief. The constant recurrence of attacks of constipation accompanied, as they are, by straining efforts and abnormally hard bowel movements are, indeed, often the cause of that overdistention and damage to the veins of the rectum that we know as hemorrhoids. Straining from other causes may also produce hemorrhoids. Heavy lifting required by certain occupations or the violent or long continued coughing that accompanies various chest diseases may likewise be a cause. Diarrhoea, if severe, or prolonged may cause hemorrhoids. Habitual overeating, particularly of spicy foods or (before prohibition) overdrinking causes congestion of the liver which in turn causes hemorrhoids. It is not at all uncommon for a person to be able to directly trace an attack of hemorrhoids to dinner or drink too well enjoyed.

All these are things which actually bring about the formation of hemorrhoids, but in the majority of cases the tendencies toward

their development have been slowly gathering for years. In fact, many people inherit the tendency from their parents. This accounts for those instances where several members of the same family have the condition. Occupations that require heavy lifting or, what is just as bad, long hours of standing tend to bring on the ailment. Once the tendency is present either because one's parents had the condition or because one's occupation has brought about conditions favorable to its development, then it only requires one of the exciting causes such as constipation, overeating or heavy labor to bring about the actual formation of hemorrhoids.

It would probably be an exaggeration to say that nearly everyone at sometime or other in their life is subject to hemorrhoids. But it is not an exaggeration to say that unless we eat properly and maintain normal colon function everyone of us certainly *may* develop this very prevalent malady. It is by reason of this fact, probably, that I have dwelt at such length on the subject of the commonest of all rectal diseases namely—hemorrhoids.

CHAPTER V

WHICH SUPPOSITORIES ARE GOOD TO USE?

CANCER is a justly dreaded ailment. The fear of it lies partly in the uncertainty as to its causes and partly in the regrettable fact that the vast majority of cancer cases are hopeless when they first come to the attention of the doctor. To my mind, suppositories are responsible for at least 80 per cent of the hopeless cases of cancer that I have seen at Bellevue Hospital. By this I do not mean that in these cases the suppositories actually caused the cancer. However, they might just as well have been the actual cause since they were the means of delaying rational treatment until no treatment could be of any value. In other words, the majority of hopeless rectal cancer cases have used suppositories over a period of precious months during the early stages of the disease when prompt diagnosis and treatment might have saved the day!

A fact that should be known is that suppository medication is a form of *mistreatment* rather than a method of treatment for rectal

diseases. There is no rectal disease which I know of which can be cured by their use. This will no doubt be disputed by manufacturers of patent medicines who have them for sale. However, I am not interested in their sale, and being completely convinced of the indirect harm they do, take this opportunity of denouncing them.

Suppositories consist of cocoa butter with which are mixed certain medications. They are totally useless for the purpose for which they are intended. If, for instance, they are employed in the treatment of hemorrhoids, as they often are, their employment becomes absolutely absurd, since the suppository is pushed up into the rectum and melts there at a much higher level than the hemorrhoids are situated. The most that suppositories can do is to coat over the lining of the rectum and thus protect it, perhaps, from an abrasion by the fecal masses. However, who would think of hoping to cure varicose veins of the legs by means of a salve? Yet this is precisely what we do when we use suppositories in hemorrhoid cases, since they are in reality no more or less than varicose veins of the rectum.

As a temporary measure in constipation, glycerin suppositories are effective but their long eontinued use is deeidedly harmful because of the faet that they depend upon their irritative qualities for their effectiveness in that eondition. In fissure cases the efforts to introduee the suppository are usually very painful and the suppository may actually enlarge the fissure. In cases of colitis (inflammation of the eolon) the suppository is a futile attempt at treatment sinee not even the most ardent advoeate of the method would dare elaim that the suppository ean, with ordinary measures, be introdueed into the eolon. Neither are suppositories of any value in eases of proetitis, whieh is inflammation of the reetum. In cases of abscess mueh harm may be done by delaying proper treatment. The use of suppositories only invites the formation of fistulas, whieh in themselves are extremely ehronie and troublesome eonditions. Here, too, in fistula eases suppositories, though often used, are absolutely of no value and by delaying proper treatment their use may induee much harm. As stated a

little earlier I know of no rectal ailment which suppositories cure.

Moreover, suppositories lead to self-medication which, in itself carries with it unpleasant possibilities. No man, not even a physician, can hope to accurately diagnose his own condition without an examination of the parts affected. Of course, one may *guess* as to what is wrong but I am sure that just such a person would bitterly resent his tailor *guessing* that the suit fitted, or his cook *guessing* that the food had been cooked correctly. In other words, rectal diseases require for their sensible treatment exactly what diseases elsewhere require, and that is as accurate a diagnosis as is possible.

Of course, there *are* physicians who suggest their use or even prescribe them. This is unfortunate, indeed, because it leads people to believe they may possibly have value. The truth is that a physician who suggests the use of suppositories is usually the type who will treat a rectal ailment without stirring from his desk in the office. Certainly the writing of a prescription cannot be considered a good substitute for a rectal examination, and the

public is becoming more and more alert to this fact. Suppositories, therefore, should be regarded with distrust. There *are* effective home measures for the relief of rectal ailments and there are many non-surgical methods of treating these, but suppositories are only effective for one purpose and, that is, for deluding oneself.

CHAPTER VI

ABSCESS—COMMONLY KNOWN AS A BOIL

THE type of infection best known to the average person is the boil. The technical name of this is abscess. Not infrequently boils occur at the back of the neck or under the arm and because of the tenderness which they cause, quickly call attention to their presence. The sore spot, circular in shape, is seen to be angry red in color, raised a little and when felt is found to be quite hard. It takes but little time to become larger and even more tender. Pain persists even when the part is not touched but should it be accidentally struck the pain is intense. Later the pain becomes throbbing in character and the center of the boil is seen to become yellow in color. When gently touched the center will be found quite soft. At such a time the boil is said to be "ripe." The patient usually notices that he has fever and frequently has aching pains throughout the muscles of his body.

If allowed to go further the abscess not infrequently "breaks" and discharges a cer-

tain amount of pus, much to the patient's relief. This is the course which an ordinary untreated abscess takes. It is, of course, a matter of common knowledge that much of the pain and all the troublesome after effects of a boil may be avoided by prompt surgical treatment. This is one situation in which there is no question as to whether medical or surgical treatment is the more appropriate. Long experience has proven that there is only one proper way to treat the condition and that is by opening the abscess thoroughly and draining it. The reason for this may be found in the cause.

All abscesses are the result of infection by bacteria. Although the exact bacterium causing the abscess may differ in various cases, yet the manner in which they affect the tissues is so similar in its processes that the method of treatment by opening and drainage is quite efficient in all of them. This procedure is, after all, identical with that of Nature, the only difference being that whereas Nature takes several days to open the abscess (during which time the patient suffers) the surgical opening of it takes but a second and gives

immediate relief. Moreover, the surgical method is complete and hence the abscess does not re-form or give rise to others as so often happens when it is left to the processes of Nature, or what amounts to the same thing, is treated by poultices.

An abscess of the rectum is no different in many respects from the general description given above. However, owing to its special position it gives rise to special symptoms and may be complicated by special conditions such as fistula. The patient first notices some soreness about the rectum. This is particularly evident when he attempts to sit down. Indeed, often the tenderness is so great that he prefers not to sit down, or if he does, he sits in a peculiar manner on one side. Throbbing pains occur and frequently fever is noticed. The matter of a bowel movement is an occasion for considerable additional pain and this is prolonged for quite some time after. In some cases a swelling is noted about the anus but this is not always present since the abscess may be situated so deeply that its pressure will not be noted on the outside. At times the function of the bladder is interfered with and

the patient is unable to pass urine. Occasionally the abscess ruptures or "breaks" of its own accord, but while waiting for this to happen blood poisoning or further spread of infection may occur.

The prompt and complete treatment of an abscess of the rectum requires its immediate opening. This may often be done painlessly while the patient is under the influence of a whiff of "laughing gas" such as dentists use. Or the parts may be "frozen" by means of a solution sprayed on. Relief is immediate and my own practice is, in suitable cases, to allow the patient up immediately, since drainage is better in the erect than in the lying position.

If such measures as I have outlined are not taken, or if the doctor has made an insufficient opening in the abscess, there occurs a refilling of the abscess cavity with pus. This pus is a fluid and under an ever increasing pressure it spreads throughout the nearby tissue. In time it breaks through into the rectum or out onto the skin or in both places, thus causing what is known as a fistula. *A fistula then is a monument to the neglect or improper treatment of an abscess.* The fistula discharges just

enough pus to relieve the tension and hence the pain. The patient is thus deluded into thinking that he is cured and further neglects himself. Of course, the openings of a fistula seal up soon and the cavity fills up again and

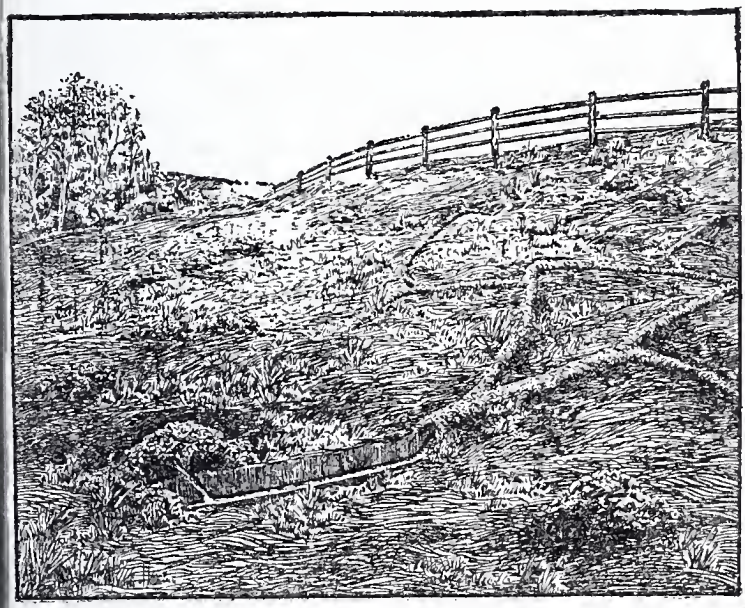


FIG. 4.—Burrowing of a ground mole. From "American Moles." T. H. Scheffer.

another tract is formed. Eventually this infection progresses and the tissue about the anus and rectum is tunnelled about in much the same manner as a ground mole burrows in a field. (Fig. 4).

After reading the foregoing I believe you will

readily agree that an abscess cannot be trifled with. It is due to an infection which, like a fire, needs prompt and complete extinction. Its treatment is not something that should ever be put off until tomorrow. A good doctor will insist upon immediate treatment for he knows that by the morrow the tract of a fistula may be formed!

CHAPTER VII

ARE ALL RECTAL FISTULAS TUBERCULOUS?

It has been said that neglect is the cause of most rectal ailments and this applies most particularly to the condition known as fistula. Although this condition with its Latin name may sound very mysterious, yet it is, at least in the beginning, a rather simple ailment. It usually arises from the neglect of an infection in the tissue about the anus. Such infection as has been previously mentioned should be very promptly dealt with, usually by having the infected tissues drained.

However, in the event that they are not properly drained, the infection causes the destruction of tissue cells and many white blood cells. As this process continues the accumulation of these becomes a fluid, known as pus, and since its continued formation puts it under pressure it naturally spreads. As it spreads the infection extends under the surface of the skin in a tunnelling manner exactly as a ground mole burrows under the earth. (Fig. 4). The little channel left by the infection as it travels along

is, of course, filled with pus. Eventually it breaks through to the surface and much to the relief of the patient the soreness and discomfort is greatly relieved. However, from that moment on there is noted a constant leakage of pus, serum or sometimes blood. This condition is known as fistula. It is very common and perhaps, next to hemorrhoids, is the most common of rectal troubles.

Fistula is inclined to resolve itself into a rather long drawn out affair for the reason that the relief, every now and then, caused by the discharge of the accumulated pus rather encourages one in the fond hope that it will get better by itself. However, such hopes are utterly false and I doubt if any case of fistula ever healed itself. Indeed, on the basis of an experience with a great number of these cases I can say that not one of them ever showed any tendency to cure itself. The reasons why it is foolish to expect it to heal are perhaps more evident when we observe the course that such cases take.

Let us take for example the case of a man who has had this leaking or running sore for a while and suddenly notices, to his temporary

satisfaction, that the discharge has ceased, and that he no longer has any of the smarting and itching which accompanies the presence of this discharge and, moreover, that he no longer soils or stains his underclothing. He may come to the conclusion that his fistula has healed by itself and that he is at last rid of its great annoyance. However, in the course of the next day or two he notices an increased discomfort and perhaps pain in the region of the fistula. He further notes that there is now somewhat of a swelling near the little spot that formerly leaked. What has happened in this case?

The opening of the fistula or this tract under the skin has become temporarily sealed. It is particularly to be noted that I say *sealed* and not healed. The drying of some of the secretion in the opening of the fistula is usually the cause of such sealing. The sealing of the mouth of the tract naturally prevents the leaking or drainage of the pus which is steadily formed on the inside of the tract and when this begins to accumulate in any quantity, it distends the cavity of the tract and in this way gives rise to the soreness and swelling noted.

If the sealing at the mouth of the fistula continues, the pain becomes more intense and of a throbbing character, and the pus burrows off in another direction under the skin until it strikes a weak spot through which it breaks out on the surface.

Through this newly formed opening drainage occurs once more and the patient is again temporarily relieved. In the meantime, however, his neglect has caused the addition of another branch to the tract and another opening. At times this process of filling and draining may recur three or more times before the patient finally consults a rectal specialist. Indeed it is not infrequent to see a case in which many branches and many openings exist. Naturally the longer the inevitable treatment of this condition is delayed the more complicated and branched does the fistula become. It is also well to bear in mind that the more complicated the fistula is the more difficult it is to treat it. One other danger of neglect that must not be lost sight of is the fact that the condition is one of chronic irritation and hence is quite capable of becoming cancerous. Actual cases of this type are known to have occurred.

One naturally wonders what can be done to cure a condition such as I have described. As is usual with most other rectal conditions there are always abundant suggestions in the form of ointments and suppositories. These constitute a ready means of deluding one's self with the idea that you are treating a fistula. Nothing, however, could be further from the truth since both of these are totally unable to cure the fistula and both do much harm. They may do active harm by blocking the mouth of the fistula and thus preventing the drainage which is the only safety valve in the disease. The moment the fistula opening is blocked the contents of the fistula burrow inward again and hence go from bad to worse. Moreover, measures such as I have mentioned do the very great harm of delaying the actual cure of the disease.

All fistulas can be cured, though their treatment is very often a process requiring considerable time and much care. Neglect is just as liable to creep into the matter of treatment by the doctor as it is in treatment by the patient. Needless to say no patient can cure this condition by himself since it is too complicated a

process. A careless surgical operation may not cure because the surgeon may overlook one of the branches and in this way leave part of the fistula untreated. Naturally it is only a matter of time before all the symptoms recur. Then, too, even in the properly and thoroughly performed surgical operation neglect may creep into the doctor's treatment in just the same way that it may creep into the patient's treatment. The successful treatment of a fistula depends far more upon the after care of the wound than does the actual operation.

Most fistulas can be successfully and satisfactorily treated without the use of ether or chloroform anesthesia. By "freezing" the parts with novocaine the majority of fistulas can be thoroughly opened, drained and healed without laying the patient up in the hospital. It is, however, on the after care that these wounds get, that success in the treatment depends.

I, personally, dress such wounds twice daily for the first few days and daily for the next few days. Leaving the matter of dressing these wounds to an assistant is liable to spoil the good effects of treatment, since little pockets of

pus may collect in the corners of the wound, and after the surface of the wound has been healed over apparently soundly these will break through with just the same symptoms as the old fistula.

Some fistulas can be rather easily treated by the employment of a piece of rubber cord which is passed through the tract and both ends tied. Each day the cord is tied a little tighter until at length the elastic works its way through leaving a clean well drained wound. This method, of course, should not be attempted by the patient since, indeed, it is quite impossible for him to properly adjust the cord. This method is not used nor generally known to the general medical practitioner though it is a favored method with rectal specialists in selected cases.

The foregoing treatment is a very useful method in certain types of fistulæ but in others we must use different methods, chiefly surgical. For instance in a many branched fistula, it can be readily seen how impossible it would be to pass the elastic ligature through all of the various branches. In this type of case particularly, and in certain other types of fistula, an

operation is absolutely necessary in order to accomplish a cure. A specialist in rectal diseases is the one to consult as to whether operation should be employed or not. Very happily the type of cases that require an extensive operation is relatively infrequent.

There are several methods which are employed in operating upon fistula. One of these consists in cutting out the entire tract and considerable good tissue on all sides of it. This is done by a valley shaped incision. This method seems unnecessarily severe inasmuch as a great deal of good tissue is sacrificed. The natural result of this is that it takes many weeks for the fistula wound to heal. In the meantime there is present an open wound which represents a real danger since it may become infected, pockets may form and much ill can come from the method.

Personally, I believe that the method which improves the conditions most completely and at the same time incapacitates the patient to the smallest degree should have the preference over all others. Hence I advocate a comparatively small simple incision through the skin, which lays wide open the tract but does not

involve the loss of a single bit of healthy tissue. The results obtainable by this method are excellent.

One other method which is used is that of sewing up the fistula wound as soon as the fistula has been cut out. In any other part of the body this would be the proper thing to do, but in wounds about the rectum it is absolutely the worst thing to do, since the wound becomes infected in its deeper portions by bacteria from the bowel content, and, though the wound on the surface may appear healthy, yet in its deeper recesses there is already beginning the formation of another fistula.

People often shrink with horror from the idea of a fistula operation, since according to the popular opinion the loss of control of the bowels is apt to follow. A skilfully performed operation for fistula should never have this effect, and when incontinence does result it is usually due to carelessness or ignorance of the particular requirements for success in this operation. In any event it is inexcusable. With this danger of grave disability which may be incurred by engaging an incompetent surgeon, it becomes all the more desirable to

seek the services of one who has special skill along these lines.

Complete cure should be the final result of every operation for fistula though owing to reinfection of the wound the completeness of this may be somewhat delayed. If reinfection does occur as, for instance, when the patient does not come often enough for dressings, subsequent operations may be necessary in order to insure proper drainage. In any event the patient should be able to be up and around in two days and back to business not later than five days. Dressings may be required for a matter of weeks but these may be done without inconvenience or loss of time from work.

Owing to the fact that tuberculous people sometimes suffer from fistula of an exceedingly protracted type, it has become the custom of medical men to "explain away" any case of fistula which does not respond to what they think is proper treatment by saying that "I am afraid that your case is tuberculous." While it cannot be denied that fistulas do occur in tuberculous people it appears to me decidedly unfair to take advantage of this

fact by claiming that all chronic fistulas are tuberculous. The attending doctor will often make this diagnosis without taking even the simplest steps, such as an x-ray of the chest, to determine whether the patient really is tuberculous.

It is, indeed, a rather cruel measure to subject a trusting patient to in order to cover the deficiencies of the medical practitioner's skill. I have seen dozens of these so called tuberculous fistulas cured up in three weeks under simple drainage, good feeding and the removal of the dread of tuberculosis from their minds.

Let any healthy man carry an infective condition such as a fistula for a few months, during which time his digestion is disturbed and his disposition soured by the absorption of its poison, and then to such a physical trial add the mental shock of being told that it is all due to the great white plague—tuberculosis—and you will then see *any* man waste away, losing flesh, strength and that precious substance called hope, until he really does *look* like a tuberculous person.

If then, you hear of a case of fistula being

diagnosed as tuberculous simply because it is not getting well, recommend a change of doctors rather than a tuberculosis sanitarium. Even if the case is in a tuberculous patient it *is* curable, so that hope need not be lost. If the patient can summon enough strength to combat the lung infection he need never despair of the rectal condition since, properly treated, it will recover.

Some years ago a Chicago physician devised a paste consisting of bismuth sub-carbonate and vaseline for use in fistulas. The theory under which this paste was supposed to work was as follows: The paste being absolutely insoluble acted as a foreign body and what is called granulation tissue formed around it. As this tissue became older and more fibrous the fistula became smaller in size and in so doing squeezed out the paste. Eventually the size of the fistula became so small that it was entirely closed up, in this way theoretically, at least, the fistula became healed. Practically, the theory does not work in rectal fistula. Instead of getting the progressive cure which the theory mentions we often have a re-lighting of the abscess which originally started the

fistula. This is owing to the fact that the bismuth when hardened constitutes a plug in the fistula which prevents drainage and favors accumulation of pus. Any such accumulation, of course, is an abscess.

In conclusion, therefore, I am afraid that we must not allow ourselves to be deluded in the matter of bismuth paste, attractive and all as it seems to be. It has no value in the treatment of fistula and may lead to very serious complications such as abscess formation and extension of the fistula.

CHAPTER VIII

CANCER IS *NOT* A DISEASE!

THE most dreaded ailment of modern times is cancer; dreaded as much because of the mystery which shrouds its cause as for the misery it inflicts. And yet, by itself, cancer is not a disease. Instead it is only the *result* of a disease—a deadly disease known as *delay*. For even in the very worst form of cancer there is always a time during the first few months of its existence where cure is possible, if proper treatment be started. It is, therefore, quite plain that no time should be lost in having an expert pass upon such symptoms as may possibly be suspicious.

What then are the warning signals? To appreciate these I believe you should know some main facts concerning cancer. Firstly, we have some portion of the colon or rectum in a state of chronic inflammation. It becomes congested and thickened. This interferes with the normal function of the bowel, particularly that function which is to serve as a passageway for the feces. Because of the thickening of the

bowel and its loss of normal elasticity the bowel content irritates the thickened area. The many bacteria normally present in the intestine may infect such an area. This irritation continues and progresses. Sooner or later an ulcer forms on this spot and bleeding from this may occur from time to time. Then in some manner unknown to us at present, the tissues which have been continually irritated suddenly begin to grow wild and form tumor masses. These in time almost fill the cavity of the bowel and make it impossible for any but watery bowel movements to pass. Hence we often note cases in which we have first constipation, and then diarrhoea. As the tumor grows the patient loses weight, suffers sleeplessness and pain in the back, becomes paler and gradually loses strength.

After reading the above, about nine out of ten people who have any intestinal or rectal trouble will be almost certain that he or she has cancer. However, don't try to be your own diagnostician. The only one properly qualified to give you any opinion is a doctor of medicine—preferably a specialist in rectal diseases. Regardless of whom you consult—

insist on a thorough examination of the bowel. This cannot be done except with the use of certain instruments, especially designed for such examination. Mere examination of the rectum with a gloved finger is silly—it gives but little information and being incomplete, is worse than no examination at all. If skilfully done, examination with proper instruments is as painless as reading this book. Of all things beware of the medico who without stirring from the swivel chair in back of his desk reassures you that he doesn't think you have cancer. In a case like this he can easily *know* by making a proper examination. The difference between his "think" and the truth may mean your life.

At an international meeting of medical men who had devoted much time to the study of cancer, certain facts and opinions were agreed upon. These were later set forth in a publication by the American Society for the Control of Cancer and are stated in substance in the following paragraphs. Although the cause of cancer is not completely understood the general opinion among medical men is that it is not contagious in the manner that diseases like

measles or typhoid are. Nor does the evidence seem to favor the theory that cancer in itself is hereditary. However, it is admitted that the tendency toward cancer formation may be passed on by the parents. Most authorities agree that insofar as the control of cancer is possible it depends upon the care one takes of his body and its functions, and particularly the earliness with which persons who have cancer bring it to the attention of a physician skilled and careful enough to diagnose it.

Cancer in some parts of the body such as the rectum, may be discovered in a very early stage and if these cases are properly treated the chance for a permanent cure is good. Indeed early treatment affords the only possibility of cure, since the cure of cancer depends upon discovering the growth before it has done severe injury to some vital part of the body or before it has spread to other parts.

This same body of experts also stated as an agreed opinion that the most reliable forms of treatment thus far justified by experience and observation depend upon surgery, radium and x-ray. The conference concluded that the family doctor can do much good work in the

prevention of cancer by the detection of early cases, and by referring of patients to institutions and physicians who can make the proper diagnosis and apply proper treatment when the physicians themselves are unable to accomplish these results. The more efficient the family doctor is the more ready he is to share responsibility with a specialist!

CHAPTER IX

THE SERIOUSNESS OF BLEEDING

One of the most alarming observations that one is liable to make is that of the presence of blood in the bowel movement or upon the cleansing material used. Blood any place at any time is justly regarded with suspicion since it is an evidence of disorder which one does not need a medical education to recognize. Its causes when observed in connection with bowel function may be of slight importance in some instances, and of very grave importance in others, but in every instance sufficiently important to warrant a thorough examination by a specialist in intestinal and rectal diseases. If, then, a person relates this symptom to his family physician and the family doctor does not make a thorough examination not only of the outside of the rectum but also of the inside he is guilty of neglect, in this respect, and his examination should be considered as useless. Better offend him by suggesting consultation with a specialist in rectal diseases than to accept with complacent content the results of

a careless or omitted examination, and in so doing possibly delay treatment in a cancerous case.

Of course, there are many people who, strange to say, simply do not want to know the truth. Mr. Barnum made this observation some years ago when he said that the public liked to be fooled. Nowhere is this observation confirmed so well as in this instance where patients afflicted with some intestinal ailment avoid knowing the truth, and feel grateful for any word of encouragement from a lazy doctor as long as it lulls them into a false sense of security.

It is this type of person who sometimes avoids going to the very man whom he or she knows is the most capable in the world of deciding the question and that is, a rectal specialist. They seem to have the idea that a specialist will say that the condition is present whether it is or not, just for the sake of making a case of it. Aside from being a very sordid view, this trend of thought is decidedly wrong. There *are* still some honest people in the world, and it would almost stand to reason that any legitimate specialist can find plenty of cases

of real disease with which to busy himself without being under the necessity of inflicting mental pain and anxiety on a well person. I know of no sense of pleasure which exceeds that of being able, after a thorough examination, and as an authority upon the subject, to assure the anxious patient that he has no cancer or other serious ailment. No doctor who has ever drunk of the gratitude which these patients bubble over with could think of telling an untruth for the sake of getting a case. Indeed, such an opportunity to clear a worry-laden mind and to restore the smile and joy of life to a person, is one of the bright spots in the practice of medicine. So let not your mind be troubled as to what the doctor will say. He knows that truth, like murder, will out and that though he does not care to alarm you unduly, yet he feels you should know the true state of affairs.

What, then, can this bleeding from the bowel possibly mean? What harm can it do? In my practice I have very frequently seen cases in which the blood has become frightfully impoverished from the constant drain upon the blood system by the slight but constant bleed-

ing from hemorrhoids. It, of course, stands to reason that a few drops of blood each hour in the day and each day in the week, can in time amount to quite as much as a severe hemorrhage all at one time. The effect is the same—the patient loses vitality, becomes sallow, loses his appetite, and is continually fatigued without apparent cause. This tiredness is more noticeable in some cases when the patient arises in the morning more tired than when he retired on the previous evening.

Naturally his digestion is impaired, he becomes nervous and irritable, and his resistance to more serious diseases is steadily lowered. This picture is by no means overdrawn. Indeed, it not infrequently happens that such cases are treated as being cases of pernicious anemia or chlorosis, which are medical terms by which in plain English the doctor says, "this man has anemia but we do not know what the cause is," and in some cases is too lazy to look for it! You would be surprised to know of the number of eminent diagnosticians who have been offended by having their cases of anemia of "unknown cause" cured by simply stopping the hemorrhoidal bleeding which was

draining the life's blood out of the patient while the learned doctors pondered over the terms to use to conceal their ignorance. Suffice it to say that one very marked effect of this bleeding is just such a depletion of blood and vitality as I have mentioned. So much, however, for the harm that may be done by the actual bleeding.

Now in order to tell exactly what this symptom of bleeding indicates I might give you a long list of technical terms of conditions which are associated at some time or other with bleeding. I believe, however, it would be more useful to your purpose to know that bleeding from the bowel means a break in the wall of the intestine and that this may be due, as previously mentioned, either to injury to blood vessels such as piles, or to ulcers. The most important and serious ulcer is that of cancer. Better far to know the truth early when, according to leading authorities cancer is really curable, than to cajole oneself or delude oneself into a state of indifference until it is too late to do anything.

But you may object, "this bleeding is quite painless and I am sure that it is nothing

serious." Which may well be but which, however, does not relieve you of the responsibility, nor of the duty you owe yourself of *making sure* rather than just guessing. You cannot afford to take a chance. Have the examination and relieve your mind or else if there is something, at any rate give yourself the benefit of early discovery, and almost certain cure. In no respect is the saying "he who hesitates is lost," more true than in this matter of neglecting a thorough examination, by a trained rectal specialist, of the bowel in any case of bleeding from the rectum.

CHAPTER X

ITCHING AFFLICTIONS

One of the most troublesome of the "Troubles We Don't Talk About" is a condition which is called, for want of more exact knowledge, "itching piles." Practically the only symptom of this condition is itching, but it is the frightfully torturing proportions which this assumes that makes it so difficult a burden to bear. Should it happen to occur during the day concentration is impossible and, indeed, so is any kind of efficient work. The desire to scratch the part is at times almost uncontrollable and when indulged in renders the patient's trouble a matter of public knowledge. I have known of cases who for years have avoided social gatherings by reason of the embarrassment they suffered at such times.

Not only during the day but particularly at night does this dreadful affliction play havoc. After a hard day of work the patient retires to enjoy his well earned rest. No sooner, however, has he become comfortably warm and relaxed than he is seized with the most fright-

ful itching. During most of the night this continues until, near morning, he sinks into a fitful slumber from which he awakes a few hours later even more tired than when he went to bed on the previous evening. If this occurred but once in a long time it might be easy to bear but unfortunately it occurs night after night until the victim is almost crazy with torture. Indeed, I have seen cases that actually have become insane with this affliction.

It is related that in the Orient the Chinese have for centuries used a method of punishment which for producing agony in the victim has no parallel save this distressing disease which we are discussing. The form of punishment alluded to consists in binding the victim securely and then allowing a small drop of water to drop incessantly upon his head from a tank of water suspended directly above him. The constant repetition of this tiny shock to the nervous system is reputed to have caused dreadful agony ending in insanity within as short a time as eighteen to twenty hours. In a similar manner the constant repetition of the minute irritations caused by this disease lead to a dreadful distortion of the mental make-up

and may indeed change the patient's entire character. His disposition becomes cruelly warped, he becomes irritable and as the affection persists, discouraged, melancholic and frequently has suicidal tendencies. Some sufferers are so troubled by the itching and the rawness of the parts that walking actually becomes painful to them and they become unfitted to attend either to their business or social duties.

Perhaps the saddest part of the picture is the fact that if not cured the condition persists for years, though not always because of neglect —that is, not because of the patient's neglect. Elsewhere in this book I insistently call attention to the all too often neglect with which a patient treats a rectal disease. But in this instance it is usually the doctor rather than the patient who is guilty of neglect. I know of no other name for a situation like the following: A patient came to me saying he had a dreadful itching about the rectum and asked if I knew what was good for it. Upon questioning him I found out that for seven years he had had the ailment and in that time he had consulted about twenty physicians, *not one of*

whom had made an examination of his rectum, and only three of whom had even looked at the part which itched. Some after nodding wisely had said, "Oh yes, this is a case of pruritus ani," and prescribed a salve. Now the words pruritus and ani mean, in Latin, itching of the anus, so that all the patient learned after his visit to the doctor was that he had an itching, a fact that the patient was distressingly well aware of before his visit. Other doctors had told him that the cause was unknown (to them) and that the condition was an incurable one.

Needless to say the cause cannot be said to be unknown if no search for it has been made. In this case search should mean an examination of the part affected, an examination of the rectum and a general physical examination. After such a careful search the cause is usually found and cure is then a relatively easy matter. *No case of this disease is incurable.* I say this with whatever positiveness goes with the fact that the only medical book written on the subject is my own. It is based on extensive research work, the sum total of which led me to the conclusion that every case of pruritus an

or itching about the anus can be cured. But only at the price of a thorough examination and the skilful application of the proper remedy!

To go little further into the matter of cause, I believe it well to know that no one cause is responsible for each and every case of itching about the anus. For this reason the cure of the condition can come from no one remedy. For instance, in some cases the initial cause may be an irritating discharge of a fistula. Without removing the fistula no permanent relief can logically be expected, Another case may be due to a neglected fissure of the anus. In a similar manner this condition must be cured before the itching will permanently cease. Since these two conditions are entirely different and require different treatment for their removal, it can easily be seen that no one method of treatment can be reasonably expected to cure every case. Other examples might be given but these surely are enough to convince the reader that each case of this ailment requires special and individual consideration.

In addition to causes to be found in the

rectum there are some cases where the condition is the result of disease in organs situated at quite a distance from the skin. This occurs in much the same manner as canker sores (herpes) develop around the mouth following a digestive upset. We cannot, therefore, consider the condition entirely a local affair in all cases. The most general statement that can be made about the condition is that itching, by itself, is a symptom in just the same way that pain is, and that it has a cause just as pain has. The logical thing to do, therefore, is to find the cause and remove it. As has been said previously this is possible in each and every case.

It is well to know what constitutes sensible treatment of the ailment and toward that end the following remarks are made. The indiscriminate use of salve after salve without consulting a doctor is a useless and foolish practice. Some of these, by deadening the nerves may appear to relieve for a short time. Sooner or later, however, and usually sooner, the ointment loses its effect and makes necessary the trial of another. No case of real pruritus is ever cured by such means and

many are made worse. The cost of many ointments tried and discarded in this way would more than pay the examining fee that a doctor would charge.

There are instances in which ointments may be sensibly used as an aid to treatment, but their selection should be left to a doctor who has made the careful examination as suggested earlier in this chapter. Without such an examination his selection of an ointment is no better than your own; in short, it is merely a guess. Concerning the use of suppositories nothing favorable may be said. They are merely a means of self delusion. When introduced into the rectum they melt and remain at quite a distance from the part they are supposed to exert their influence on. Hot water, and in some instances ice, may give temporary relief but as a general rule it is wiser to keep water away from the skin so affected. Some doctors use injections of local anesthetics but the temporary nature of such measures must be recognized.

The itching will return surer than fate, and it is my opinion that a doctor is no more justified in benumbing a patient's nerves without

treating the cause of the ailment than he would be in giving morphine for every pain without a similar investigation as to its cause —and the removal of that cause. The same may be said concerning the use of sleep producing narcotics or nerve quieting sedatives. In addition, these have the added danger of possibly making their users addicted to the drug. The detailed method of the successful manner of treating these cases would be too technical to give here and it is moreover one which requires the service of a physician. However, these suggestions have been made readily available to the medical profession through my book on the subject and may be obtained by them at most medical libraries.

CHAPTER XI

A MOST PAINFUL AILMENT

In winter time we often see or experience a condition known as "chapped hands" and this consists in a cracking of the skin. You are all aware of the soreness, smarting and biting which accompanies this condition. Then, too, we are all familiar with a condition known as a "cracked lip." This is also an extremely troublesome condition, difficult to heal and in general a disturbing factor entirely out of proportion to its size. A very similar condition can and does occur at the anus and is known by the name of a fissure. It is really a very unimportant affection from the standpoint of its danger to life or its power to do greater harm, but in its ability to produce agony—it has no equal.

The condition has as a rule but one symptom and that is pain of a sharp knife-like character which during the first few days of its existence seems to be incapable of being lessened nor does it seen possible that anything could possibly make it worse. Yet the impossible

does happen when it becomes necessary to have a bowel movement. The pain during this act is really terrific and persists in slightly decreased degree for many hours after. At nights when the patient tries to fall asleep, he finds that just as he is relaxing in the restful arms of slumber a sudden sticking pain brings a rude awakening.

After this condition has existed for some time the acute symptoms abate somewhat, but the severe effect upon the nervous system is more and more noticeable. Owing to the truly great discomfort which accompanies bowel movement the patient comes to dread these and purposely avoids the act as long as is humanly possible. Hence constipation is a very frequent effect and, of course, adds its own baleful influences to that of the fissure. The anxiety and nervous strain which the condition has occasioned does much to upset the digestion and in those cases which have existed for a period of weeks or months it is not unusual to note a marked loss in weight, due to the simple fact that these patients do not eat with the same regularity nor digest with the same efficiency as they would normally. I have seen more than one case of "stomach

trouble" absolutely disappear after the cure of an old fissure. Bleeding is not a very important symptom of this condition although slight bleeding is at times noticed. It is usually nothing in comparison to the amount lost when piles are present. Itching about the rectum is often found in those cases which have been neglected for a long time.

As to what causes this condition it may be said that the chief cause is constipation. This disorder leads to straining at stool and, especially when there is a spasm of the sphincter, the hard fecal masses tear the delicate lining of the rectum. This tear, of course, is the fissure. Because of the many bacteria present it very quickly becomes contaminated, infected and inflamed. I have also seen it caused by the improper use of enema syringes and indiscriminate use of dilators.

Fissure in ano is often known as "sticking piles," probably for the reason that the character of the pain is knife-like or sticking, and the condition is very frequently accompanied by the formation of a small tag of skin known, even among medical men, as a sentinel pile, which is not, strictly speaking, a pile. Though a fissure may occur along with piles or hemor-

rhoids yet it must be understood that it is an entirely different condition than these.

We also see cases diagnosed as "cold in the bladder" which are in truth due to the reflex irritation of the bladder by the fissure condition. In cases which have been long neglected the acute rectal pain gradually dies away after a period of two or three weeks but not infrequently we have such conditions as sciatica or backache occurring in its place through what is called a misreference of pain. This may be very simply explained in the following manner:

If we consider the nerves as telegraph wires and the sqinal cord and brain as a central station, we find that messages come in from the region of the rectum and at the same time, messages are received from the skin of the back or the back of the legs. Because of certain disturbances of function crossed wires result so that the operator, the brain, gets a wrong impression and thinks that the message of pain is coming in from the skin on the back of the leg instead of from the rectum, the place it really does come from. Sometimes seemingly miraculous cures of sciatica and lumbago have been accomplished by the proper treatment and cure of an anal fissure.

For the relief of this condition much can be done by the patient, but the complete cure, which is so essential, is entirely the work of a physician. Suppositories of any variety are absolutely worthless and in some instances actually harmful, in spite of the alluring self praise given on the label of a box. In attempting to introduce these suppositories the fissure may be torn still further, greater pain is experienced and the condition in general is often made much worse. Salves applied to the outside of the rectum might better be rubbed on the door knob since they do no good and simply delay more effective treatment.

Ointment applied through a special pile pipe stands more chance of being effective, though unless this is done by a physician harm can result and much pain may be caused. The one sure thing in the relief of this agonizing condition is the use of what is known as a hot sitz bath. This is described on page 216. Following the bath, rest in the position of greatest comfort described on page 215 will be found to afford much relief particularly if associated with the use of a hot water bag or heating pad to the rectum.

CHAPTER XII

LOSS OF BOWEL CONTROL, STRETCHING OF THE SPHINCTER

It not infrequently happens that a patient who has sought medical or surgical aid for some rectal condition finds himself at the termination of treatment for this condition in the deplorable state in which he no longer has control over his bowel function. The very embarrassing complications which such a state of affairs may lead to can very readily be imagined. The escape of neither gas or feces is any longer under his control. Suffice it to say that this situation makes necessary the constant wearing of a diaper. Although this effectively prevents soiling of the clothing it in no way diminishes the foul smell of fecal matter. Despite the utmost cleanliness, and even with the aid of perfumes, the patient becomes a more or less loathsome object, both to others, to his companions in general, and to himself in particular.

Since the occurrence of the pitiable situation just described is in almost every instance

avoidable, it must be more or less evident that it is the result of unskilful treatment. That is, indeed, the fact in the matter. It is partly due to the regrettable fact that the medical profession has been slow to recognize the true value of specialization, and is particularly due to the fact that some surgeons consider rectal cases as unimportant, treat them in an indifferent manner, and pass off any such misfortune by the idiotic remark that such cases "get well anyhow." I have occasionally heard surgeons make the remark that they have never seen a case of incontinence following any of their rectal operations. Strictly speaking they are correct in their assertion, because a patient so maimed is hardly likely to go back to them for further assault.

Having, however, seen the cases so ill treated by general surgeons, their remarks seemed grim humor to me. It is in this type of case that suits of malpractice are often brought against the operating surgeon, and although the suits are usually lost, yet the time must come when the public will be well enough informed on this subject to know when the injustice of mistreatment has befallen him.

The patient should always be charitable in his attitude toward the physician who treats him, yet in justice to his own welfare he should realize that there is no such thing as an all-around specialist, and the general surgeon not infrequently is a jack-of-all-trades and master of none.

In such a plight what may one do? Submit to another operation for the correction of the mistake of the first? Or must one endure this unwelcome rèversion to diaper days? Though the requirements in each case vary greatly, yet I am of the opinion that in the majority of cases further surgery, except by one who has special skill in the treatment of rectal diseases, will be of no value. Indeed, the unfortunate victim of the first mistake may also be the victim of another with a result no better or even worse than that existing before submitting to the ordeal of a second operation. Although I am conscious of the fact that others may disagree with me on this point, yet it is my opinion, based upon satisfactory experience, that many of these cases *can* be made comfortable without an operation. The exact treatment is too technical to be discussed here

but in addition to my treatment there are, however, certain helps which may be used with gratifying success.

Local cleanliness is, of course, essential and should be accomplished by the use of warm water and a soap, such as Reuter's Lyeless Soap. After thorough cleansing with this the parts should be carefully dried and then liberally powdered with a talcum consisting of zinc sterate and boric acid. Instead of the usual T binder, which is a clumsy and expensive affair, we may use a Perineal Dressing Belt (Fig. 5), put up by Johnson & Johnson of New Brunswick, N. J., together with replaceable pads made by the same firm. This device will be found superior to any other on the market since it is economical and convenient. No pins are required and the pads when soiled may be discarded and replaced by a fresh one. They are relatively cheap. The belt may be worn until soiled.

By having two such belts, which are not expensive, one may be in use while the other is being cleaned. As a further aid to comfort it is suggested that the pad be liberally sprinkled with a deodorant such as Vemo

dusting powder, which may be obtained at most drug stores. It is also made by the firm of Johnson & Johnson. With the observance of these measures of local sanitation may also be combined certain dietary restrictions as to

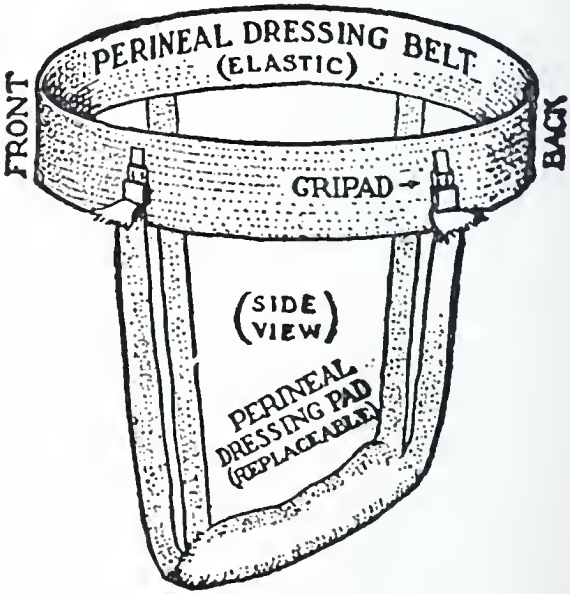


FIG. 5.—Special pad and belt of use in cases of incontinence.

fluids. Naturally laxative or cathartic medicines are to be avoided, except when their use is absolutely necessary.

Care of the type described will do much to make comfortable those who are so unfortunate as to be troubled with a condition of

incontinence. There is nothing absolutely hopeless about the situation, and one should always get good conscientious medical advice as to his case before completely resigning himself to it. In some few cases cure can be accomplished, in others much improvement can be had, and in all, proper management can lessen their burden.

CHAPTER XIII

FALLING OF THE RECTUM OR PROLAPSE

One often hears expressions such as "dropped or fallen stomach" and "floating kidney." These terms imply a shifting of the position of the organ concerned. In the same way the rectum may sag and change its normal position by the process of turning inside out through the anal opening. Naturally such an abnormal state of affairs gives rise to much discomfort. At first the condition is exceedingly painful; later, after the patient becomes accustomed to it, it is only a matter of discomfort.

The natural impulse is to replace the protruding part and this is indeed the correct thing to do. Unfortunately, although replacement gives great relief, it does not cure the ailment. Indeed, as we shall see, the problem of cure, particularly in neglected cases, is apt to be a long drawn out process. The reason will be found in the nature of the cause.

Some of the ills that befall us are the result of a weakness inherited from our parents. The exact manner in which this occurs is not

definitely known but that it is a matter of common observation cannot be denied. In just the same way that we see people whose parents also had diabetes or some such ailment so, too, do we note this tendency to hereditary transmission in regard to certain rectal ailments. Thus, hemorrhoids are often regarded as a family complaint. In the same manner and with even more assurance medical men regard the condition known as prolapse or falling of the rectum as an ailment, a tendency to which, most certainly, may be transmitted from one generation to another. Thus, the causes of this trouble are often hereditary in nature and we frequently see cases who tell of similar cases in their immediate family, particularly in the instance of father or mother. Then, too, certain faulty positions of the pelvic bones appear to make the occurrence of prolapse more likely in some people than others. Added to these uncontrollable facts, which give a tendency to such an event are, of course, the causes which bring about the actual occurrence. In a general way any condition which increases the pressure in the abdomen tends to produce prolapse.

The condition itself consists in a protrusion of the rectum through the anal outlet in such a way as to turn the anus and rectum inside out. It occurs chiefly in children and in old people. It may, of course, occur at any age if the causes which produce it are present. One of these causes is an abnormal lack of strength in the muscles that go to make up the pelvis. We can readily understand then why it should occur more frequently in the very young or the old. Certain deformities of the bones of the pelvis also tend to produce the prolapse, as do also certain abnormal formations of the organs of the pelvis.

In the presence of these conditions which tend to produce a falling of the rectum it only requires some exciting cause to actually bring the condition about. Any condition that causes an increase in the pressure in the abdomen may do this. For instance, constipation by making necessary the constant recurrence of straining in order to effect a bowel movement may in time cause the rectum to be forced down through the anus and thus become what we call prolapsed. Prolonged coughing can produce the same results. The

presence of a large tumor in the pelvis or abdomen may also be a cause. Tumors in the abdomen press upon the lower intestines and throw a strain upon the natural supporting muscles and tissues. If these be weak they give way and prolapse occurs. Thus, in young children and in elderly people the condition is especially liable to occur, because at these two times the tissues are not as robust as during vigorous adult life. Certain kinds of work can cause, in a person predisposed toward prolapse, an occurrence of the condition. Straining, therefore, from any cause whatsoever, may be the actual exciting cause of this condition, but it must not be forgotten that the original causes are often born with the person.

To understand this condition let us suppose that the bridge pictured in Fig. 6 was made to support the weight of a huge elastic tube placed at its center and held there by the cables of the bridge. Let us suppose also that the weight of this tube were too great for the bridge to bear, and that in consequence the cables supporting the center of the bridge gradually stretched the lower width of the

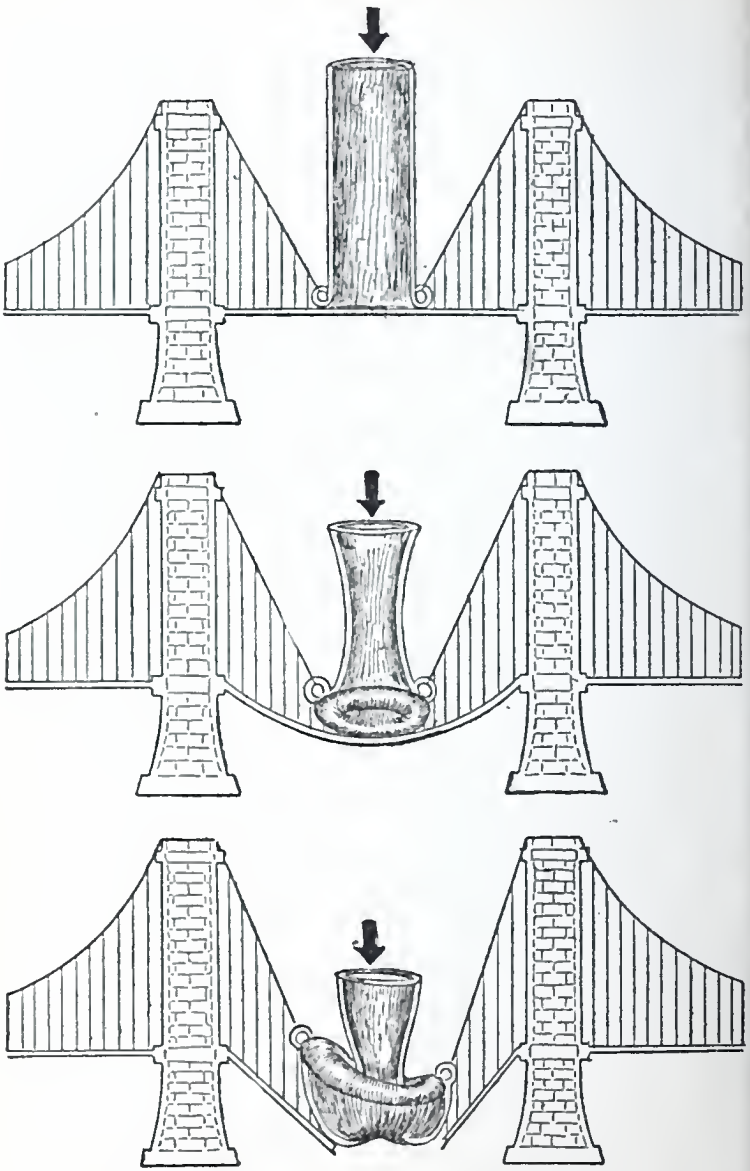


FIG. 6.—Graphic diagram showing the progressive stages in the production of prolapse.

tube as illustrated, until it finally became so wide as to allow the upper part of the tube to slide through the lower part, break the bridge and plunge through it. The tube corresponds to the rectum, which is a tubular organ, and the cable on the bridge corresponds to the various pelvic muscles that ordinarily hold the rectum up in place. By comparing the pictures, I believe the manner in which prolapse is produced can be easily understood.

Naturally a condition such as the one we are discussing gives rise to much pain, at least during the first part of its existence. The protrusion of eight or ten inches of bowel is not at all uncommon. Although this protrusion is usually readily replaced yet it also readily recurs. After a while this constant recurrence of the protrusion causes the bowel to be irritated, inflamed and in time ulceration may occur on its surface. Much depends, of course, on the care which the patient takes of the exposed part. As time goes on the condition tends to become progressively worse, and in any event true prolapse does not, of its own accord, tend to disappear.

Treatment by surgery is usually a failure. Very drastic operations have been devised for

the purpose of cure but none of them can truthfully claim more than a small percentage of cure; and even in these cases the question may logically be raised, "Would these patients have been cured by other means?" In fact the matter of complete cure is a rather doubtful one in many cases, yet with diet and by the employment of certain non-operative treatments a very considerable amount of improvement may be shown. Children can in most instances be cured but it is in the case of the elderly people that most difficulty is encountered. In these there may be used not only a special diet and the non-operative methods referred to above, but also a light elastic belt called the Perineal Dressing Pad and Belt, shown on page 92. This will afford a certain amount of support and at least favor local hygiene. The part should be gently bathed with a mild antiseptic solution warmed to body temperature. Following this, it should be replaced and the pad snugly adjusted. In this manner a certain amount of comfort may be obtained and a great deal of trouble such as comes with complications may be avoided. As stated above, I am in favor of almost any other treatment than a surgical one.

CHAPTER XIV

SOME WAYS IN WHICH CONSTIPATION ORIGINATES

THERE are thousands of people to whom the abnormal condition of constipation has become, by its repeated recurrence, a confirmed habit. Of course, they are not born that way, so that it is entirely logical for them to ask, "How did I ever get this way?" There are, to be sure, many ways in which constipation can originate. The exact manner in which it does originate in any one case is, however, something which only a careful analysis of the person's life habits can accurately tell.

Foremost among these curious reasons why people become constipated is the fact that most people forget that they are not rabbits, and therefore cannot live without drinking water. It is said that rabbits do not drink water but it must be borne in mind that they live on green vegetables which in themselves contain a high proportion of water. Man, therefore, should either drink more water or else eat more green vegetables.

The habit of not doing these things is, of

course, not a deliberately formed one but is rather the result of the hurried manner in which we live our lives in this modern today. In such an active state of mind we are apt to forget the necessity for drinking water until such time as it is deliberately placed before us at meal time. I am also rather of the opinion that much of the constant cigarette smoking, now so popular, is in reality a perverted response to the natural craving for water. Indeed, I have noted some very gratifying changes in patients who acted upon my suggestion to drink a half glass of water every time they *thought* they wanted a cigarette. They, themselves, have expressed surprise not only at the good effects which such a routine had upon their bowel function and general health, but particularly at the fact that the drinking of water should so completely displace the desire for a smoke. Whether this means be adopted or not, at least two quarts of fluid should be taken daily. This may be distributed throughout the day and may consist of either plain water, milk, fruit juices, weak tea, or coffee which is half milk. When this amount of fluid is taken regularly we have at

least avoided one way in which constipation originates, namely, through the abnormal dryness of the food residue.

Those of us who live continuously on very concentrated food are putting ourselves in a fair way to become habitually constipated. When such concentrated foods are digested, and the water absorbed from them, there is practically no residue left. For this reason the intestines have not a sufficient amount of material in them to excite the normal contractions which result in a bowel movement. It is here that the value of green vegetables, and vegetables containing much indigestible matter, serve their chief function and, indeed, are absolutely essential. Thus, instead of eating the highly refined white bread and rolls, the use of wholewheat bread, graham bread or bran muffins is recommended. Similarly, instead of making lunch consist of a sandwich and a glass of malted milk, as not a few office workers do, it would be far better to take a lunch consisting largely of fruit or of vegetables such as beans, cauliflower, carrots, peas or spinach.

When taking fruit, such as an orange, it is of

far more value to eat the entire orange than to merely drink the juice. The reason for this is that the pulp of the orange, although of no nutritive value, nevertheless does have value as a means of adding bulk to the food residue. Similarly apples and pears should be eaten with the skins on. Figs and fruit jams and marmalade are of great value. Foods of this character should, therefore, be eaten and in sufficient quantities to assure one of a normal amount of residue after the digestive processes and absorptive processes have been completed. In this manner we avoid falling into another of the ways in which constipation originates, namely, by eating such concentrated rich food that insufficient residue is left in the colon.

In by far the greater number of instances the answer to the question, however, is that constipation is, in itself, a bad habit. By this I mean that it is the result of irregularity in the habits of eating, drinking, sleeping and particularly of the habit of visiting the toilet at a definite time. If we skip meals, drink water only occasionally, sleep at irregular times and leave the matter of visiting the toilet to chance, that function will eventually resolve itself into just that, namely,

a matter of chance. No reasonable person will deny the desirability of regularity in bowel function, but there are only a few who will take the trouble to establish and maintain a regular habit of this kind. And yet it is astounding to witness the remarkable good results that can be obtained by a person appointing a definite hour in either the morning or evening for this function. If such a definite time be selected and this time never be varied, it only requires a week or ten days and sometimes less time in which to educate the colon to the routine of having the residue ready for expulsion at the habitual time.

In connection with an endeavor to establish such a habit I have found the use of plain petrolagar of immense value. It is a safe thing to use since it does not act by the principle of irritation and, moreover, induces no habit other than the one we are seeking to obtain, namely, that of having a normal bowel movement. If it be decided to establish such a habit in the morning the medicine is best taken on the evening previous. On the other hand, if it is considered desirable to establish this in the evening, the aiding medicine, of course,

should be taken in the morning. By taking the petrolagar in this manner whatever natural desire there may be at the time set for the bowel movement is reinforced by the mechanical action of the medicine. Gradually the amount taken may be reduced so that in ten days or two weeks it may be discontinued as unnecessary. In the meantime, however, the bowel has been taught its lesson of regularity and with coöperation of proper food and water will continue to function in a pleasingly normal manner.

There still remains a group of causes which furnish in a large number of cases the way in which constipation originates. Typical of this group of causes is the instance of a neglected fissure of the anus. This, even in its milder forms, is a very painful condition and the pain arising from it is considerably aggravated by bowel movement. Hence there arises a subconscious fear of the next bowel movement. This serves to annul the normal desire, and as a consequence, waste material remains in the colon longer than it should. In other words, the patient becomes constipated.

In the same way almost any other neglected

rectal condition may cause a constipation that all the water drinking, fresh vegetable eating and habit forming in the world will not prevent. Take for instance the case in which there is an abnormal narrowing of the bowel either because of spasm or because of a stricture formation. In such an instance, nothing will ever cure the constipation until the anus and rectum are put in a condition which will permit the normal passage of feces. Chronically irritated hemorrhoids or little growths in the rectum such as polyps can also be instrumental in causing constipation. An overactive sphincter, frequently known as tight sphincter, can likewise be a cause of constipation. Although not in itself a disease it is a symptom of some other irritating disease.

I need not dwell further upon the possibilities, as those instances which I have given surely are sufficient to warrant the statement which I now make. No case of constipation can ever be thoroughly and correctly treated until a thorough examination of the anus, rectum and colon has been made. Without making this examination a doctor is treating you without a full knowledge of your condi-

tion. In other words he is guessing what is the matter with you, and as I have stated elsewhere in this book, guessing is not commendable in guardians of the health when accurate information can be obtained with no more exertion than it requires to make the necessary examination. I have seen far too many cases of cancer of the rectum treated for constipation, until they were utterly hopeless, to be very optimistic about the guessing powers of any of my medical brethren!

CHAPTER XV

NARROWING OF THE RECTUM OR STRICTURE

One of the most unfortunate things which follow rectal disease, or in some instances the treatment given rectal disease, is an abnormal narrowing of the outlet. The rectum and anus, of course, are tubular organs and the performance of normal bowel function depends to a very great degree upon their maintenance of a free passage through which material may be transmitted to the outer world. It is, therefore, a very serious matter when, for any reason, the size of this tube becomes decreased. Such a change naturally makes difficult the passage of formed feces and leads to constant straining which in itself can produce much rectal trouble. Moreover, the bowel movement is, at times, retained much longer than it should be because of this constriction and, in other words, a rectal form of constipation results.

Since the constriction tends to grow progressively more pronounced, the person afflicted with it rapidly becomes addicted to the use of

cathartics. The ordinary cathartic is usually not sufficiently strong to be effective in these cases so that the patient takes more and more drastic purgatives, until at last nothing but salts are effective. This wretched state of affairs is a particularly sorry one, since all the laxatives and cathartics in the world will not remove the cause of the complaint—the steady contraction of the bowel. In Fig. 7 we see a diagram representing the calibre of a normal bowel, and Fig. 8 represents how the passageway is steadily reduced to a small canal about the size of the thickness of a pencil.

The cause of this unhappy affliction is, as has been hinted in the opening paragraph, either rectal disease or such treatment as has been invoked for its cure. Thus, neglected internal fistulas not infrequently cause stricture. The infection burrows in and under the walls of the rectum so extensively that the scar tissue with which Nature walls off the infection comes to be laid in a more or less circular manner. So, too, infection following ulcerations of the rectum may cause so much scar tissue that stricture results. Of course, the most serious cause of stricture is cancer,

and in this case it is the lining itself which becomes thickened into lumps which encroach upon the space ordinarily reserved for the

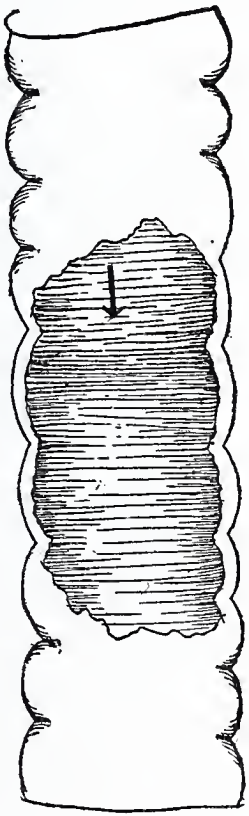


FIG. 7.—Normal intestine.

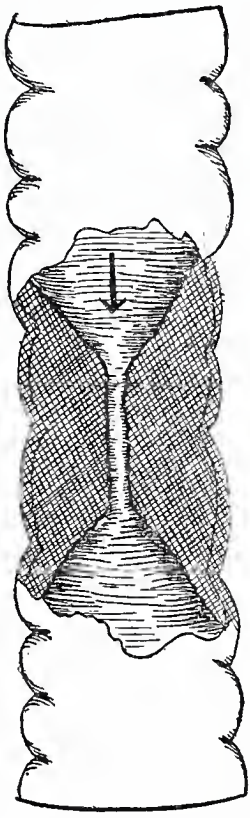


FIG. 8.—Narrowing of intestine, known as stricture.

passage of feces. At one time it was thought that certain venereal diseases were the cause of all strictures, but this has been of late dis-

proven and it is my opinion that only a small percentage are actually due to that cause.

The most frequent causes which I have seen have been the extensive scars resulting from what some surgeon thought was rectal surgery. Carelessly extensive excisions and carelessly placed incisions result in mutilation whose chief result is stricture or stenosis, as the results are known. In other rectal operations, too, it is always a possibility if they be not done in a conservative manner.

Repairing the damage done is, at best, a difficult task. Operation is as a rule completely unsuccessful. The reason for this becomes apparent when we consider the fact that the problem we are facing or we are trying to combat is that of having too much scar tissue. Most surgical procedures employed in this condition consist in cutting through the scar tissue already formed and then violently stretching the rectum to its normal size. Thus a new wound is created which in time will be healed and add just that much more scar tissue to that superabundance whose effects the operation was designed to overcome. Thus in a few weeks after the operation the stricture

has re-formed and the same symptoms of interference with the bowel passage make themselves evident. Surgery then offers only temporary and doubtful relief for the condition.

There is another treatment of this condition which is less violent in its nature. This consists in the gradual dilatation over a period of weeks by means of soft rubber bougies of varying sizes. At first these should be passed only by a physician but later on the patient may be given the bougies and instructed in their use. This is for the reason that this particular treatment depends upon regular and constant repetition of the dilatation. After the patient has been instructed in the matter of inserting the bougies, he may do this morning and evening, and thus give the condition more attention than the occasional visits to the doctor would furnish.

However, this method is an exceedingly slow one, and unless supplemented by other measures, is apt to be a very unsatisfactory one. It is fortunate, therefore, that other methods which are more rapid and certain are available. Their employment, however, is not widespread

owing to the fact that many doctors are uninformed on the subject and have not taken the trouble to keep abreast of the time, insofar as the treatment of rectal diseases is concerned. Moreover, there are many who are very hostile to new methods and profess themselves as being unwilling to change from the old methods which have been so satisfactory (to them). However, the fact remains that most strictures not due to cancer can be very definitely remedied without operation.

CHAPTER XVI

THE LITTLE PILLS

To believe all we read one would come to the conclusion that the outstanding glory of modern pharmacy was the little pill, which toils so laboriously while you and I and other lazy people waste a night in sleeping. I know for a fact that, in the opinion of many doughboys, what really won the last war was the iodine and c.c. pills. Be that as it may, the public have been very thoroughly "educated" to the use of all manner of laxatives, cathartics and purges. The fact that such education has been supplied exclusively by persons who became richer by their sale has not seemed in any way to make the buying public beware. The prompt result which accompanies their use seems to satisfy whatever doubts the ordinary person might have concerning their goodness. Yet it must be apparent to even the dullest that if they are once tried they are always used. In other words their use brings but temporary relief, and either causes or brings about conditions which cause the recur-

rence of the constipation they have been used to relieve.

On behalf of the little pills it must be admitted that it *is* easier to take them than to subject one's self to the inconvenience of eating proper food at regular hours. Moreover, it would seem that the drinking of water is highly distasteful to many people, yet this very simple item itself, if given the proper attention, might make unnecessary the use of laxative pills.

The harm which the habitual use of laxative or cathartic pills can do is so gradual in its development that it escapes notice. Nevertheless it is as certain in its harmful effects as it is slow in their production. The reason for this is that all of them, whether it be those alluring ones which are given in candy and figs or just the plain pills, act by reason of the irritation they cause along the intestinal tract. This irritation causes greatly increased movement of the intestines and in many instances the secretion of semi-liquid mucus. In this manner the bowel content is hurried on, carrying with it, of course, the irritative principles of the pills. In the performance of their action, there-

fore, they leave behind them a path of irritation extending from the stomach to the rectum. This is a distance of about twenty-eight feet. Thus, at the price of ten yards of irritation a bowel movement is affected.

Naturally there is a reaction to this irritation. The over stimulation leads to an alternate period of relaxation. The relaxation, of course, causes an undue accumulation of fecal material. So there we are right back where we started, namely in a state of constipation, and the answer is—*another pill.* You can readily understand how this continued irritation and recurrence of irritation in time produces a most unhealthy condition in the delicate lining of the intestines. Dope and alcohol, therefore, are not the only substances which can produce health wrecking habits!

Particularly deplorable does this seem when we consider the fact that the state of constipation is due to a stagnation of material in only the lower bowel, and this is readily reached by means of an enema. It is totally unnecessary to disturb the stomach and some twenty-eight feet of small intestine in order to relieve the abnormal accumulation occurring in the lower

part of the digestive tube. The only reasonable conclusion to which a person who has thought this out can come to is that laxative, purgative and cathartic pills which act by irritation should not be used.

A most unhappy circumstance relative to the use of cathartics and laxatives is the fact that there are many doctors who prescribe their use when a patient comes to them complaining of constipation. This fact unfortunately leads the public to believe that their use is justifiable. "Why pay Doctor So and So $5.00 to have him tell me to take compound cathartic pills?" says a patient, and in truth he may well ask why! But if after a careful examination, including an examination of the rectum and colon as described in Chapter III, a doctor decides to use these pills we must take it for granted that he has some good reason for doing so.

If, however, such a suggestion is given without the formality of an examination he is, for reasons of indolence or pride, neglecting the performance of an examination which *should* be made in every case of constipation. Cer-

tainly no one should ever take this type of medication without medical advice, because there are instances such as intestinal obstruction, in which their use can seriously endanger a person's life. The enema is certainly a much safer method of accomplishing the desired result.

CHAPTER XVII

BRAN AND AGAR-AGAR

As HAS been mentioned in describing some of the various ways in which constipation originates, a diet which is either too scanty or contains too little residue may be one of the factors in that disturbance of normal bowel function known as constipation. A logical method to meet this deficiency is to increase the diet and to increase particularly those articles of diet which contain a high percentage of non-digestible matter. These, as you know, are the fresh vegetables, such as carrots, spinach, squash, beans, peas, most cereals; and certain fruits such as bananas, oranges, plums, apples; and fruit preserves such as marmalade, prunes and others.

As an aid to this process of increasing the relative amount of residue matter, bran has been employed for many years past. It is the non-digestible shell of the wheat grain that is discarded when the wheat is threshed. Of course, it is not advisable to use it in its raw state since there are usually many other things

mixed up with the actual bran. It, therefore, when offered for medicinal use, is thoroughly sifted, cleaned and sterilized. In this form it may be used to sprinkle over cereal or fruit at breakfast, usually a heaping tablespoonful is sufficient. The amount to be taken is determined by the effect on the person taking it and this, of course, varies with each individual. It is well to start with a tablespoonful and gradually increase the amount until the best effects are obtained. At meals other than breakfast the bran may be mixed with mashed potatoes, beans or peas or whatever vegetable is served. Many bakers now supply the public demand by making excellent bran muffins and biscuits which, of course, are just as effective as that which is mixed with food.

There are also available a host of cereal foods which have been so widely advertised to the American public that they now constitute an accepted part of our national breakfast menu. Many of these are commendable and particularly those containing bran may be of real service in increasing the food residue. Such breakfast foods, at any rate, make palatable and attractive a substance like bran

which, in its raw state, would not appeal to many.

Bran, therefore, in any of its forms, can be made to serve a very worthy purpose. As a foodstuff it is of value. I cannot, however, conscientiously recommend its indiscriminate use in an attempt to cure constipation. I, therefore, view with suspicion the claims made on the package of bran cereal which states that it is guaranteed to cure chronic constipation. Of course, such guarantee is only idle talk, and were it this alone it might be pardoned. However, bran *does not* and *cannot* cure all cases of chronic constipation. In some cases its continued consumption, particularly when insufficient water has been drunk, leads to the caking or impaction of tremendous quantities of bran in the colon. This, of course, causes obstruction of a very serious type. It is one of the things that the manufacturers and advocates of bran do not mention when they sell it to you. Then, too, bran acts as a definite irritant to the lining of the colon, and its use over a long period of time naturally gives rise to evidences of chronic irritation. Commendable, therefore, as the proper use of bran is, it

is by no means a completely safe remedy and it is for this reason that medical men are constantly trying to find other methods of accomplishing the same result.

Agar is another material used to increase the bulk of the bowel residue. It is made from a certain variety of seaweed which comes from Japan. It has the peculiar property of greatly increasing its bulk when it becomes moistened. It is, therefore, fed dry in the form of a granular mixture or as a wafer. More lately it has been offered in an even more efficient form suspended in an emulsion with mineral oil. Intimately mixed throughout the mass of food, it gives bulk to the bowel movement and thus stimulates the muscular contraction of the intestine. Any such series of contractions aid, of course, the onward passage of the bowel content.

The manner in which bran relieves constipation differs somewhat from the manner in which agar does. Whereas the latter depends solely upon the increase in bulk which it gives to produce its effect, the bran, however, not only is effective by reason of the increased bulk

which its presence in the fecal mass gives, but also because of the slight but definite amount of irritation which it causes. The prolonged use of bran is, therefore, possibly productive of harm. Of the two, agar-agar is to be preferred, since it may be used over a great period of time without the possibility of injuring the delicate lining of the intestines. It must be borne in mind when taking it that its action is entirely dependent upon the absorption of water. Therefore, water must be freely taken at the same time. This is another reason why I, personally, favor the use of the mineral oil agar mixtures since they are mixed in a glass of water. If plain agar be taken, at least one half an ounce should be taken by adults, and the practice of taking fruit with it is highly recommended.

Unless the amount of water taken during the day be sufficient to allow a thorough mixing with the food and a thorough soaking of the agar, there may occur an accumulation of this in the colon by the formation of hardened residue. At times this leads to a condition of obstruction known as impaction of feces. It

is, of course, a very serious condition since none of the intestinal content can get by and very alarming symptoms take place. Though this danger is relatively remote, it is one which must be borne in mind and one which experience has shown may be avoided by the use of the mineral oil agar mixture.

CHAPTER XVIII

MINERAL OIL

Of all the self medication fads which have at various times been foisted upon the public the mineral oil fashion is eertainly the least objeetionable. Indeed, in my opinion, an appreciable amount of good has been done by the exploiters of mineral oil as a regulating agent for bowel aetion. In instances where mineral oil has done no good it has at least done no harm, whieh is in direct contrast to the often irreparable damage done by the various saline waters and eathartie pills. Moreover, the advertisement of mineral oil has carried with it a real health message which should have been initiated by the medieal profession themselves. This message is that regularity of habit is far more important than has been hitherto recognized by the general public. I believe it will be interesting to know what mineral oil is and how it effects its beneficient aetion.

It may be surprising to know that there is a very close parallel between the composition

and usage of mineral oil and that of automobile oil. The ordinary machine oil is indeed an uncultured cousin to the mineral oil, used for medicinal purposes. Chemically the two are, except for impurities found in the crude oil, identical. In order to make medicinal mineral oil, the ordinary crude oil is refined and bleached until it arrives at the pristine clearness of crystal. Moreover, the lighter oils are separated so that what is finally offered to the public for medical use is a colorless and practically tasteless heavy grade of paraffin oil. To comply with the tastes of various patients some of the producers add a flavor, such as oil of wintergreen or vanilla.

In much the same manner that a machine oil lubricates the moving parts of an engine so, too, does the medical mineral oil lubricate the fecal masses as they pass along the large intestine. Since the majority of people do not drink enough water, the fecal masses have a tendency to be more hard and dry than they normally should be, and it is in a condition such as this that mineral oil overcomes the deficiency and prevents damage that otherwise would result from the passage of such hard and dry masses

along the delicate walls of the colon. Other than this lubricating action mineral oil, in correct doses, has none. Since, therefore, it acts in a mechanical way and not by irritation it is harmless in its action and does not tend toward habit formation other than the habit of regularity in bowel function. It is for this reason that I regard the suggestion of its use as commendable.

There are, however, some slight disadvantages to the use of pure mineral oil. These, though slight, have led to the development of a modified mineral oil designed to overcome even these disadvantages. The first disadvantage is that of the taste. Although it is practically tasteless yet there are many people who have a strong dislike to the undeniable oiliness of the medicine. Indeed, there are some people who sicken at its thick taste. This objection has been overcome of late by making an emulsion of the oil. The emulsion being flavored and easily miscible with water makes a pleasant medicine to take. Its efficiency as compared with pure mineral oil is quite the same.

Another objection frequently complained of is the matter of "leakage" of the oil. This is

caused by the gathering of small quantities of oil in the lower cavity of the rectum. When an appreciable amount has gathered in this manner its escape to the exterior is often made without the knowledge and consent of the patient but much, however, to his embarrassment. It is due either to the taking of too much mineral oil at any one time or the too prolonged taking of it. Although this disadvantage could readily be overcome by close observation on the part of the patient, yet this in itself is a task which the ordinary person does not wish to assume. It is, of course, much easier to discontinue the oil than to regulate its dose. However, with the employment of one of the plain emulsions such as those sold under the trade name of Petrolagar, Cream of Nujol and others, leakage is avoided, since the mineral oil becomes so intimately mixed with the bowel content that it does not have the opportunity to collect into any amount which would cause leakage.

The use of agar with mineral oil, as has just been mentioned, in respect to petrolagar brings with it the added advantage of adding bulk to the intestinal content. Since a deficiency of

bulk is one of the causes of constipation it may be readily seen that this combination is a good one. Agar is a substance, often known as Japanese seaweed, which, when dry, has the power of absorbing great quantities of water and in so doing increasing tremendously its bulk. Though the amount present in the mineral oil agar mixtures is relatively small, yet by its distribution throughout the mass I believe that whatever effect it has is beneficial.

There are certain mineral oil mixtures and emulsions other than those I have mentioned but only a plain one is, to my mind, suitable. There are some which add phenophthalein and others which contain cascara or magnesium hydroxide (milk of magnesia) or other ingredients designed to make the mixture more effective. It is my opinion, however, that such mixtures are really a step backward, since they employ chemicals which act by irritation rather than by simple mechanical means. They are effective, but only in the same way that all other irritating laxatives and cathartics are. They induce habit formation and cause a chronic state of inflammation of the colon that can only be construed as being

harmful. For further information concerning the action of these substances I would refer you to the chapter entitled, "The Little Pills."

To relieve the minds of those who fear that the taking of so much oil may be fattening I assure you that such is not the case. Mineral oil is absolutely indigestible and passes through the entire food canal without change or absorption. It is, therefore, incapable of causing any additional weight. People who are inclined to be stout may also be pleased to know that a non-fattening mayonnaise salad dressing may be made from mineral oil. I am indebted to the well known pharmaceutical firm of Squibb for the following: The wife of Dr. M. C. Johnson of Kingston, Pa., has called to their attention a palatable and efficient method of using mineral oil, namely by making it into a dressing in accordance with this recipe:

Yolk of 1 egg	
Salt	1 teaspoonful
Red pepper	as desired
Juice of ½ lemon	
Vinegar	equal amount
Liq. Petrolatum Squibb	1 pint

Beat the egg yolk, add the dry ingredients and beat again. Add a little of the lemon juice and vinegar, then a little liquid petrolatum and beat well. Continue to alternate in this manner until all the mineral oil has been added.

It is said that this makes a very stiff mayonnaise which keeps well. If desired, it may be thinned with the beaten white of egg or sweet cream before serving. It may be eaten in any quantity required, even by persons on a reducing diet (in which case the cream should not be added), because the liquid petrolatum it contains is not absorbed in the system but simply lubricates the lining of the intestines.

I think that we may reasonably conclude that any measure which tends to reëstablish normal habits without, at the same time, it itself becoming a habit is commendable. As such, mineral oil qualifies. The most efficient and least troublesome of the mineral oil preparations is, in my opinion, a plain emulsion of mineral oil.

CHAPTER XIX

PSYLLIUM SEED AS A LAXATIVE

For many years certain seeds have been used in European countries as an aid to proper intestinal function. Those chiefly used are the psyllium seeds raised principally in Belgium. In Central Europe the use of these seeds has always been considered one of the old stand-by home remedies for constipation and they are, indeed, worthy of favorable mention.

In appearance these seeds look like small bird seed. They are, of course, an entirely different seed from the latter. There are several varieties which vary in color, but all psyllium seeds possess the important property of giving off a mucilage-like substance when they become wet. No other seeds such as those occurring in our foods have this property. Thus, when mixed with a half glass of water psyllium seeds begin to swell, and finally their outer covering bursts open, and through the cracks on its surface this jelly-like mucilage leaks out. After the seed has been swallowed they become mixed with the food and, of

course, give bulk to the intestinal content and at the same time afford considerable lubrication. Usually the laxative result will be noted in twenty-four hours; however, in some instances, the result might not be noticed, at first, for from forty-eight to seventy-two hours. Psyllium seeds are, therefore, quite satisfactory as a laxative since they in no way irritate the intestinal surface and on the contrary by furnishing bulk for the intestines to contract upon, they overcome one of the notorious defects of our modern diet, i.e., the fact that we eat so many highly refined foods which leave but little residue.

"Do they form a habit?" is frequently asked concerning them. This is, indeed, a sensible question, since, as has been mentioned elsewhere, when strong cathartics like salts or the various pills are used, the bowel in time relies upon this strong stimulation and becomes so dependent upon it that the patient must forever continue taking the cathartic remedy. This, however, is most fortunately not the case with psyllium seeds. Their action is purely mechanical. Indeed, they act in exactly the same manner that ordinary food would. Since,

therefore, they do not rely upon any irritating quality for their effectiveness, they have no tendency toward requiring their indefinite use. Psyllium seeds are, to my mind, laxative in a far more effective manner than either bran or agar, since they become more thoroughly mixed with the ordinary intestinal content and, moreover, each little seed carries with it its own share of lubricating substance. I am also of the opinion that, in this respect, they are much superior to mineral oil also, since the latter, if continued for any length of time, usually begins to leak and give rise to intestinal indigestion, which is evidenced by gas formation, loss of appetite and other vague symptoms.

Almost all drug stores now carry psyllium seed in their usual stock, since it is readily available in this country, though formerly obtained almost exclusively from abroad. There is no superiority in the foreign brand since their properties are all identical. The Council of Pharmacy of the American Medical Association has officially approved of the psyllium seed sold by the Richards Chemical Co. of Glenolden, Pa. Psyllium seed does not

cost very much, and at any rate is not an expensive medicine since but little is used at a time and an ordinary box of it lasts several weeks. Compared with the tremendous good that it does in overcoming constipation it is cheap at any price.

One word of instruction might be given here to advantage and that is in regard to the manner in which the seeds should be taken. I do not believe the directions usually given with this substance are usually insistent enough upon the fact that the seed depends upon water for its efficacy. One may spread the seeds on cereal, bread, or take them in soup. It is my custom to suggest to patients that they take a drink of water before taking the seeds, then actually take a tablespoonful of the seeds, mixed with half a glass of water and finally to immediately follow it with another full glass of water. If this suggestion be followed there will be absolutely no possibility of the seeds being ineffective or of any untoward effects from their use, such as impaction. Indeed of all the methods of combating constipation the use of these harmless seeds is, in my opinion, one of the simplest and most effective.

CHAPTER XX

THE PROPER USE OF ENEMAS

One of the earliest methods of relieving constipation of which we have any written description is that of the enema, which is variously known as a clyster or lavement. There is often a distinction drawn also between high and low enemas, the definition apparently resting on the matter of the extent to which the nozzle or tubing is introduced into the rectum.

The logic upon which the use of the enema is based is embodied in the observation that it is not necessary to upset the stomach and upper intestines with irritant cathartics when the accumulated feces are so readily washed out through the rectum. Indeed, properly given, the enema is the safest method of attempting relief from constipation, particularly when this is associated with abdominal pain. In the latter instances we may actually have an obstruction of the bowel, and cathartics may easily cause the death of the patient,

yet, as has been observed, even in these cases we may safely attempt an enema.

I have made the statement that properly given, enemas are the safest means of relieving constipation, and this implies that there is an improper as well as a proper method. The chief errors into which one may fall are in giving too much fluid, and thus over-distending the colon, or in having the solution too hot, thus causing a relaxation rather than a contraction of the muscles of the rectum. Finally, error may lie in the composition of the solution and the height to which the can or the bag containing it is held.

Before, however, digressing on the matter of these errors I believe it well to give, as a standard to judge by, what I consider the proper method. The apparatus required consists of an enema or fountain syringe bag with about five feet of tubing, to which is attached a hard rubber nozzle 3 in. long and rounded on its extremity. The most satisfactory solution to employ, in the majority of cases, is water, to which has been added common table salt. The exact quantity of solution to use will vary with the case, but a pint (occasionally more),

properly given, is usually sufficient in the majority of cases. To this should be added a teaspoonful of common salt. The temperature of the water should be 70° F. This is a cool fluid, absolutely unirritating. Its coolness stimulates the muscles of the rectum to contract and the solvent qualities of the water renders evacuation easy. If enemas have to be given over any great length of time this is certainly the safest way to give it.

As to the manner of injection: the patient may lie on his left side, or his back, or if he pleases, may remain seated. The tubing having been clamped off, the nozzle should be smeared with vaseline and then gently inserted into the rectum. It is not necessary to insert the nozzle more than an inch and a half or two inches, the object being merely to get the nozzle past the muscle which closes the rectum. Attempts to insert the nozzle completely into the rectum, or worse still, the attempt to insert the nozzle and some of the rubber tubing into the rectum, are unnecessary, give rise to great distress, and since occasionally the nozzle may be lost up in the rectum, a simple procedure may result in a very complicated one.

If then, after the nozzle has been partially inserted into the rectum, the restraining clamp be released, the cool salt solution will flow into the rectum, soften to some extent the feces in the lower portion of the colon, and at the same time the coolness of the water will excite a contraction of the lower colon and rectum. The result will be a thorough evacuation within five or ten minutes. The force with which the fluid is passed into the rectum is entirely dependent on the height to which the fountain syringe or can is raised. Ordinarily it should not be more than three feet higher than the patient's hips. At this height the fluid will flow in slowly but steadily. It must be remembered the procedure is not one which may be hurried with safety. If the patient complains greatly of pain, rest a little; after a delay of a few moments you can usually go on without causing distress. The anus may be supported by a folded towel. After the desired amount has been injected, remove the tube gently, and continue to support the anus for a few moments. The method just given may be varied somewhat according to the results obtained with it, that is, we may use a larger

quantity of water, as for instance, a quart, and we may still further lower the temperature of the water. These variations, of course, are ones of which the patient must learn to make use according to the results he obtains in his own case.

The errors to avoid, therefore, in the giving of an enema are of having the solution too hot or, on the other hand, too cold; the introduction of too much fluid, or in too rapid a manner, and finally the mistake of trying to insert the tip of the nozzle too far.

In cases where the use of enemas must be continued over a great length of time the enema should be given at the same time each day in an attempt to form a habit, and we may daily diminish the quantity of fluid used and raise the temperature of the water. The proportion of salt must remain the same. However, as may be guessed, what we are trying to do is to make the patient less and less dependent upon this artificial method of stimulating the bowel to action.

In obstinate cases we may add glycerin or epsom salts to the salt solution which we would ordinarily prepare. The amount of

glyeerin to add would be two tablespoonfuls to a pint or else one heaping tablespoonful of epsom salts. In more or less resistant cases we may use the old family remedy of soap-sud enemas. This eonsists in making weak suds in a watery solution prepared as previously mentioned. It is given in exaetly the same manner as I have described above, that is, a pint in quantity, temperature 70° F. It must be borne in mind that these latter enemas work particularly well because they are irritant and one must be eareful not to eontinue their use over any great length of time or else severe irritation of the reetum will surely result. In cases where gas is a prominent symptom mueh relief may be obtained from an enema made of epsom salts. There are, of eourse, other formulas involving the use of asafetida or the oil of turpentine, but in my opinion, neither of these has any advantage over the epsom salt or glyeerin enema. Indeed, both of these have disagreeable features which I believe make them unsuitable for use except in the hands of a trained nurse.

Every hospital and almost every physician has his own pet formula for these enemas, but

they are all similar in general construction, to the ones outlined here. The most important factor in any enema is firstly the stimulating effect of cool fluid in the rectum and secondly the solvent effect of the fluid. Various oil enemas are in vogue which are supposed to be more solvent, but I do not believe they are more so than water. If oil be decided upon, plain mineral has many advantages over any other. For one thing it does not become rancid as does olive oil and sweet oil, nor does it give rise to nausea as they sometimes do.

The giving of an enema is an easily learned procedure that is certainly valuable enough to learn. Its employment as outlined earlier in this chapter is safe, and is sure of successful results in any case that can possibly be relieved by simple remedies. Moreover, we may be certain that whatever good results we get are not obtained at the expense of the stomach and small intestine. These remain undisturbed while stagnant material in the colon is being removed. It is for this reason that I regard the correct use of an enema as preferable to that of cathartics and purgatives.

CHAPTER XXI

BACKACHE, SCIATICA AND OTHER PAINS OF UNKNOWN CAUSE

SOMEBODY'S kidney pills have been responsible for the very prevalent opinion that backache is almost always due to Bright's disease. I have reference to the very dramatic picture of the man who is shown holding his hand to his back, at the same time registering pain in the features of his face. Naturally such a type of public health instruction is as likely to be inspired by a desire to promote the sale of the kidney pills as it is to be inspired by any desire to give real information on the subject. Fortunately for the great number of people affected with backache Bright's disease is *not* usually the cause.

The pain of backache is usually a lameness or soreness in the region of the back known as the small of the back. The area which is painful is quite some distance below the actual position of the kidneys. Moreover, kidney disease is in the great majority of cases not associated with any such pain. Far more often

the cause of backache lies in a less horrible condition which fortunately, when once discovered, can be speedily removed. Nor does pain in the back necessarily mean disease of the spine such as rheumatic afflictions of the bones, of the spine, or the muscles over them. To be sure both of these conditions may, in exceptional cases, be the actual cause but certainly not in the majority of cases.

Keen observers have for many years noted the very frequent coincidence of backache with certain diseases of the internal organs. As examples of this may be mentioned faulty position of certain organs, chronic inflammation of other organs, or the pressure of cysts or large tumors upon the nerves. More recently it has also been observed that a large percentage of cases of backache are due to overlooked diseases of the rectum and colon.

Somewhat in confirmation of this observation has been my experience of accomplishing apparently remarkable "cures" of backache by the removal or correction of intestinal disease. As an example of this: not long ago I saw a lady who had an almost continuous backache for many months. She had a case of

chronic constipation, and said she thought she also had piles. Upon examination it was found that her colon was completely overloaded, and probably because of this and her constipation she had well developed hemorrhoids. Although the latter gave her no local pain I was quite confident that here was the chief cause of her backache. Under careful irrigation treatment and appropriate treatment of the hemorrhoids she was completely relieved of her backache and has had no return since. The irrigations, of course, did not cure her condition, but they did restore the bowel at least temporarily to a condition where the diet and certain medicines injected into the hemorrhoids accomplished a virtual cure. All of this was done without any application whatsoever of liniment or plaster to that part of her back that ached.

It is perhaps more easy to understand how diseased intestines may cause backache when we understand the arrangement of the nerves to these parts: The nerves to the intestine and the nerves to the skin are arranged somewhat like a party line telephone. Suppose you were a telephone operator who had charge of the

wire making such a party line. Suppose also that there were two subscribers on this line, the one we shall call "colon" and the other "skin." When either one of these subscribers sends through a call a light shows up on the switchboard, but you would not know which one of the two was speaking until you asked him or recognized his voice.

Now if it happened that subscriber "skin" put through ten calls a day, whereas subscriber "colon" only made one call a week, who would you naturally suppose it was when the light showed up? As a matter of habit you would immediately think that "skin" was making another call. If, however, it happened to be "colon" calling, you would have made an error simply because of the habit you had formed of regarding most of the messages that came over that line as being from "skin."

Now it happens that this is just the same condition of affairs which I am trying to explain. The skin sends in so many more signals daily than does the colon or rectum that in time our minds come to consider almost every signal that it gets from this "party line"

as having come from the skin. And it, too, makes an error as to the party signaling. In medical language we say that the signal or pain is misreferred. But in plain language we simply make a mistake as to the party calling. It is in this way that when the colon and rectum become diseased, and send up signals of distress, that the mind recognizes these as pain but makes the mistake of thinking that they are coming from the skin simply for the reason that that is where such signals usually do come from. This is the explanation of many cases of backache, lumbago, sciatica and various other vague pains in the hips and throughout the leg.

Knowing now the manner in which all this happens, you can readily understand why the conditions I have mentioned refuse to yield to the various forms of local treatment such as liniments, baking, and electricity. Not until the causative colon or rectal disease is corrected will we get a cure of such cases. On the other hand, if the colon or rectal disease is eliminated, a cure which appears miraculous may be accomplished. It is well to bear these things

in mind when we hear of a person who has been suffering from backache or sciatica, and in whose cases none of the usual remedies seem to have met with success. Every such case should have a thorough examination of the colon and rectum. Otherwise the suffering one has not been done full justice.

CHAPTER XXII

DIARRHŒA, COLITIS, PROCTITIS, ULCERS

When one gets a "cold in his head" we medical men say that the condition is one of rhinitis, or in the instance of a sore throat we say pharyngitis or tonsillitis. The ending "itis" is, therefore, an indication that whatever it is attached to is inflamed. Thus we readily see how colitis means inflammation of the colon and how proctitis means inflammation of the rectum. The part of these organs that is particularly inflamed is the delicate lining membrane. This becomes red with congestion, swollen with exudate and bathed in the excess of mucus which is poured forth to protect the membrane and to dilute and wash away the cause of the inflammation.

Such a state of affairs is called a catarrhal colitis, and is very similar to the ordinary cold in the head which causes soreness of the nose, running, and an irritable condition of the membrane evidenced by sneezing. In a case of colitis the symptoms are, of course, evidenced in a manner in keeping with the organ affected.

Hence the food which comes into the colon from above is no longer a welcome guest. The colon is irritable and shows it by greatly increased movements which hasten the food on in a still liquid state. So quickly is it hurried that sufficient time is not permitted to allow the absorption of water which normally occurs in the colon. In addition the enormous increased secretion of mucus renders the food residue still more liquid. In this very abnormal liquid state, the food residue reaches the junction of the colon and rectum, and there gives rise to a desire to visit the toilet. Such desire is far more urgent than is the normal desire and control is at times difficult. Then, too, one bowel movement is almost immediately followed by a renewed desire. This change in the consistency of the food residue and the increased frequency which it brings with it is ordinarily known as diarrhœa.

Besides an increased frequency, we also note cramps or colicky pains due to the alternate spasm and relaxation of the muscle fibers of the colon. When diarrhœa is severe, as for example, when five to ten or more bowel movements occur daily, bleeding from the bowel and

much soreness in the anus may occur. That this should happen is quite natural. In a severe cold we not infrequently notice soreness of the nostrils and nose-bleed. So, too, in this instance the extraordinary activity and congestion of the parts causes it finally to give way in some weak spot. A little blood vessel breaks and the blood oozes into the bowel. Here it mixes with the feces and is noticed at toilet.

The weakening effects of diarrhœa are well known. Much food material upon which hours have been expended in making it fit to absorb are hurried out and lost. Not only is the loss of this nutrition weakening but more especially is the loss of so much water from the body. If diarrhœa be continued over any great length of time the loss of weight and strength that occurs will be astounding, and is much greater than that suffered with any other condition.

It must be understood that diarrhœa is not a disease. It is merely the indication of a disease in just the same way that a cough is. The actual cause is different in every case. In some cases chemical irritants may be responsible

for the ailment. Ptomaine and similar food poisons come under this heading. Sometimes medicines give rise to diarrhœa. The chief cause, however, of colitis is infection of the lining of the colon by bacteria. Not infrequently the bacteria that cause the trouble are of the kind that have lived for years in the colon. Because of the lowered vitality or for some other reason not clearly understood as yet these colon bacilli become capable of causing disease.

Sometimes strange bacteria carried along with fruit or vegetables start the trouble. In tropical countries especially the danger of this is great. In still other cases the infection is caused by the swallowing of sputum particularly in persons suffering from tuberculosis. Infected teeth may favor dissemination of the infection to the rest of the food canal. Then, too, cases of intestinal grippe occur just to illustrate how widespread are the activities of the influenza germ. Of course, certain other conditions such as typhoid, cholera, and others also are characterized by a diarrhœa due to infection of the colon but they are, in this age, relatively rare diseases. A peculiar form of

diarrhœa alternating with constipation accompanies cancer of the intestine.

Suffice it to say that any case of diarrhœa that lasts more than a day or two is not a matter where home remedies should be persisted in. In these days of more or less prohibition the old home remedy of blackberry brandy may seem enticing, but I am sure a consultation with the doctor will prove more satisfactory. As in the case of other colonic and rectal disease, a thorough examination including an examination of the colon with instruments should be performed before any attempt is made to treat the condition. The hasty scribbling of a prescription for a bismuth powder or for paregoric cannot be considered good practice in these days when instruments are so easily obtained and manipulated. An omission of examination means laziness or indifference, neither of which are creditable in a guardian of health.

Proctitis is, of course, an inflammation of the rectum and is hence more limited than colitis. It always accompanies to a certain degree a colitis since the infective material must pass through the rectum. It may, how-

ever, occur independently. Sometimes it is caused by too hot or too irritating enemas or irrigations; at other times to the prolonged use of these. Certain bacteria may cause the inflammation. There is no need in giving a more elaborate description of its causes and nature since these run so closely parallel to those of colitis. It gives rise, however, to less violent symptoms. Thus, it does not ordinarily cause diarrhœa but it does cause a constantly recurring desire for a bowel movement. This leads to a more or less constant bearing down sensation and a feeling of incompleteness after an evacuation.

Both colitis and proctitis may become so severe that ulcers form in various spots on the wall of the colon or rectum where the inflammation has been most intense and the infection has eaten away the surface. The occurrence of ulcers, of course, complicates the situation and renders the cure of the colitis or proctitis a more difficult matter. No case should be neglected so long that ulceration can occur. Furthermore, no person who has a well developed case of colitis or proctitis ever was cured by self treatment. Diet alone will not effect a

cure; medicines taken by mouth are in the main ineffective and colon irrigation may actually be harmful if not guided by a painstaking expert in colonic and rectal diseases. Into the hands of such a person it is suggested that the ailing one place himself. Complete cure *is* possible but only by careful treatment; an incomplete cure invariably results in a relapse. Neglect results in a miserable wasting existence in which debilitated state the body is liable to all manner of disease, notably tuberculosis.

All infective and inflammatory conditions such as colitis and proctitis and ulcers may be compared to a fire which spreads and consumes until it is put out. Unlike those diseases which occur because of the weakness of a part or injury to it these infectious diseases tend to run wild unless checked. It is for this very reason that medical advice is suggested since ill directed attempts may actually fan or spread the fire of infection until it has reached uncontrollable proportions.

CHAPTER XXIII

ALL ABOUT COLON IRRIGATIONS

NOT long ago a gentleman came to my office saying that he wanted to know all about these colon irrigations which it seemed that everybody was getting nowadays. I told him that to tell him all about the subject would take considerable time, and that perhaps we could satisfy him better and take less time if he were to let me know exactly what phase of the subject he was interested in.

Much to my surprise he said he thought he ought to take them. This was indeed surprising, because during the long time I had known him I had never known him to be ill. However, thinking (as is not infrequently the case) that he had never cared to make mention of some rectal ailment I asked him if he were ill in any way. He replied in the negative. He said that he just thought it would be a good thing to take irrigations as he had heard somebody say an internal bath was a good thing to have.

Of course, it had never occurred to him that for nearly forty years he had been living a very

remarkably healthy life without any such internal bathing, but he, like many other people, was not content to leave well enough alone but felt impelled to wish upon himself this popular fad of colon irrigation.

The method itself is one of the very earliest known methods of medical treatment, and some of the very first illustrations of medical procedures that we have show this procedure in detail. At irregular intervals in the hundreds of years since the method was first used it has become the subject of a popular fad just as it is today, and perhaps with no more reason.

Colon irrigations are very useful methods of medically treating the lower bowel. When given in a correct manner and for not too long a time, they are capable of doing much good. However, the fact should be borne in mind that they *are* a means of medical treatment and they should not be used except upon advice of a physician. While the actual matter of giving irrigation can be done almost as well by the patient himself as by a doctor, yet the matter of medical judgment is absolutely necessary in order to avoid making the matter of colon irrigation the source of more harm than it

possibly could be of good. I have not infrequently noticed that people will, at the suggestion of some nurse, submit themselves to a course of treatment by colon irrigation. They lose sight of the fact that the nurse is making his or her livelihood as a result of the broadcasting of these suggestions.

Not infrequently we hear of nurses and sometimes of doctors who boast that in giving the irrigation they are far more complete than usual, because of the fact that they insert the tube eighteen, thirty-six or even fifty-six inches up the alimentary tract. While it is true that they might possibly make that number of inches of rubber tube disappear into the recesses of the rectum, yet the fact is, that in order to do this the tube must coil upon itself in the cavity of the rectum in such a way as to render it useless for the purpose for which it is intended. I have seen several cases in which the bowel has been punctured by these reckless irrigators. When the bowel is injured in this manner the patient stands a good chance of dying of peritonitis.

Considering the fact that it is not necessary to insert more than three inches of rubber

tubing into the rectum in order to irrigate even the highest portions of the colon, such recklessness is nothing short of criminal. The reason why only three inches of tubing is required is that once we have gone past the muscle controlling the flowing out of rectal contents, the force of gravity acting upon the fluid in the bag attached to the tube will carry the water or irrigating fluid completely around to the beginning of the colon. This is not a mere assertion. It is observed every day by those doctors who make x-ray examinations and it proves the total uselessness of long tubes for colon irrigation.

Colon irrigations are often suggested as a cure for constipation, and the patient sometimes feels very much better as a result of the removal of accumulated matter in his colon. However, ordinary irrigations never cured anybody of constipation. Their only sensible use in connection with constipation is as a temporary measure pending a reformation of the diet and living habits of the patient to those consistent with better bowel action.

If it were not so tragic one might find it amusing to hear some of the vague scientific

ideas of these "colon boys." For instance, they talk of implanting colon bacilli in the colon, which is as sensible as sprinkling a water pond to get it wet. There are already far more colon bacilli in the normal colon than any implantation could usefully put there. Implantation of acidophilus bacilli is more sensible and in the light of clinical experience is worthy of use in selected cases.

Colitis, proctitis and some other conditions are particularly dependent on irrigations for their final cure. In these conditions, however, much depends on the proper selection of medications, on the quantity and temperature of the solution. It is, for this reason, a situation in which one should have the guidance of a physician.

The actual irrigation itself need not be done by a physician. Almost every graduate nurse knows how they should be given and there are, in some cities, nurses who specialize in the giving of irrigations. As a rule they are more competent at this work than the ordinary nurse. Most physicians nowadays have nurses with such special training to do the irrigation under their supervision.

In instances where a nurse is not available for this help, or where the expense would be too burdensome, one may administer a modified irrigation to himself in the following manner: The solution having been prepared according to the composition and strength suggested by the doctor, and its temperature having been regulated at 80° F., the patient, while lying on his left side, inserts the nozzle of the tube into the rectum and allows the solution to flow in slowly, the control in the meanwhile being regulated by a spring clamp within easy reach of the patient.

The reservoir should not be more than three feet above the level of the hips of the patient. While the fluid is thus flowing in, the patient slowly turns from his left side to his back and then after a few minutes to his right side. Should symptoms of fullness or discomfort appear, the patient shuts off the flow by closing the clamp. When sufficient fluid has been allowed to run in (usually a definite amount is agreed upon) the reservoir is lowered and the fluid is allowed to run out again, or else if this is not convenient the tubing may be entirely withdrawn and the patient may evacuate the fluid just taken in.

Strictly speaking, this is not a true irrigation, but it serves very well the purpose of a more complete irrigation when such is unavailable. Its use is, in any event, better than neglecting a condition such as colitis. However, in cities or towns where the services of a nurse especially trained are available, they should be made use of since results will undoubtedly be more rapid and complete.

CHAPTER XXIV

MISTAKEN IDEAS

HOSPITALS are not pleasant things to contemplate. They are, of course, perfectly necessary unpleasantries, but it does seem to me that doctors of today are too ready to confine their patients to a hospital. They do not seem to realize that the idea of being confined to a hospital is unwelcome, that the atmosphere is depressing and the enforced inactivity very trying to the nerves as well as being very costly. A man confined to a hospital has not only his hospital bill to pay and his nursing care but he must also, as a business man, debit his account for the loss in salary and opportunities.

It, therefore, seems very unreasonable to make a person stay in a hospital for two or three weeks when the same ailment could be treated as satisfactorily, in the office, by such methods as will allow him to continue attending to his social and business duties. This is the situation in regard to many diseases of the colon and rectum. In the instances selected they are capable of complete remedy by treat-

ments which in no way incapacitate the patient. That, in many instances, rectal diseases cannot be successfully treated by such methods is to my mind one of the sadly mistaken ideas concerning them.

There are, of course, instances where a condition has been neglected and complications have occurred. In such instances it may be decided advisable that the patient enter the hospital. But with modern methods his stay should not exceed a few days, whereas part of the mistaken idea existing among medical men is that from two to three weeks is the right length of time for this type of case. In my own practice the majority of those cases whom I find it necessary to operate upon are kept in the hospital only two or three days.

This greatly reduced period of stay in the hospital is due to the application of modern methods to the problems of rectal surgery. Chief among these modern methods is the almost complete elimination of general anesthesia in rectal operations. Practically all rectal operations can be done without ether or chloroform. One of the mistaken ideas concerning this may be corrected by the state-

ment that an operation done under local anesthesia *can* be done just as thoroughly and painlessly as when general anesthesia is used. All depends on the skill with which the local anesthesia is administered.

Perhaps one of the basic reasons why some surgeons cling to general anesthesia is that they are laboring under the mistaken idea that it is necessary to violently stretch the sphincter muscle. The reasons why this idea is faulty are given in the chapter on "Loss of Bowel Control." As generally done, it is a brutal, unnecessary procedure and in medical literature I have consistently advocated its abandonment. I can express my views on the procedure best perhaps by saying that no surgeon would ever perform this operation upon me and then expect me to remain his friend.

One of the persistent pet delusions of the public and, unfortunately, part of the medical profession, lies in their belief that suppositories have any value in the treatment of rectal diseases. The same applies to the matter of ointments. These not only have no value but by delaying sensible treatment, are positively harmful. They cannot cure the ailments

which their advertising matter claims they are capable of curing and their sale, like that of many other patent medicines, prospers on the ignorance which prevails concerning their real lack of value. In connection with the subject of suppositories I believe that it is well to state that a package of suppositories or a jar of ointment cannot reasonably be considered the equivalent of a thorough examination.

Speaking of examination leads me to mention the erroneous view held to the effect that all rectal examinations are necessarily painful. Pain during an examination merely means that either the doctor does not know how to properly make the examination or else he does not care particularly whether he hurts you or not. An examination properly done should cause no pain and embarrassment.

Another inexactness of belief, stressed elsewhere, is that all rectal fistulas that do not heal properly are tuberculous. As a matter of fact only a very small percentage of all fistulas are tuberculous and these usually occur in people who have tuberculosis elsewhere. The harm done by the fallacy of believing conditions of this sort to be tuberculous without accurate

evidence that they actually are is that they induce a hopelessness which, in itself, is a very distressing situation. I, personally, refuse to believe any fistula is tuberculous unless I have actual proof of it.

The credulity which includes the belief that any electric machine with a noisy spark or glowing light is a cure-all for every disease of the colon and rectum is nursing a misconception. There are tried and proven electrical appliances, but there are also a host of circus contraptions whose effectiveness depends entirely upon the ignorance and hence the gullibility of the patient.

It is my opinion that to believe that the ordinary case of rectal disease receives anywhere near the same care and attention that almost any other disease gets in a hospital is a mistaken idea. The chief of the surgical staff may think it beneath his dignity to operate upon a case of rectal disease; others on the staff may be indifferent for other reasons; in any event the result is that usually the interne, the least qualified of any man on the staff, performs this operation. The critical comment on this state of affairs on one occasion brought forth the

comment "these cases get well anyhow"—which, in my opinion, is a very mistaken idea.

That conditions of rectal disease should be particularly liable to recur is an error. If properly and completely treated the particular ailment so treated should not recur. There is, however, somewhat of justification in the belief because of the fact that the part is so situated that the causes which conspired to produce the first ailment may again become active. However, such an event is usually due to neglect on the part of the patient, and should prompt him to seek immediate relief of the ailment which apparently has recurred.

This brings me to what I consider the most prevalent and certainly the most harmful of all those mistaken ideas which exist on rectal diseases, namely, that they are unimportant. The fact of the matter is that, as a group, they can be as productive of debility and final dissolution as any other group of diseases. The most severe anemia can result from bleeding hemorrhoids. This, of course, is contrary to the belief held by some that such bleeding is beneficial. It is, however, very harmful since it impoverishes the blood and debilitates the

individual to a point where he is susceptible to many conditions to which he would be immune were his blood normal. Moreover, the extremely rich nerve supply about these organs makes any disturbance in the rectum a source of derangement to the functions of certain other organs. Thus, we often note so called indigestion and gaseous distension accompanying hemorrhoids. Finally, one of the very common forms of cancer is cancer of the rectum, and this condition results entirely from neglect, probably inspired by the feeling that rectal diseases are unimportant.

When, therefore, you contemplate the few instances I have given of what these diseases may cause, and consider the fact that I have left unmentioned many others, I believe you will agree that it is a mistake to consider them as being unimportant.

CHAPTER XXV

HOW YOUR BLOOD PRESSURE IS RAISED BY INTESTINAL DISEASE

DOCTORS use a good many words which appear to be unnecessarily complicated. Some may think that this is done to confuse or conceal medical knowledge from the ordinary person. Needless to say that is not the real reason for long complicated medical words. It is because by the proper selection of the syllables of a word a wealth of information can be crowded into that one word. Such a one is the word auto-intoxication. It is a word symbol which conveys to anyone familiar with its meaning a mass of useful information. We all know that *toxin* means a poisonous substance, and we are also familiar with the fact that when toxins are absorbed into our bodies we become intoxicated or poisoned. When a machine runs by itself we say that it is automatic and, in the same way, when the toxin with which we happen to be poisoned arises within ourselves we become the victims of auto-intoxication. Thus a frightening word is found to be a very

simple, concise way of conveying the idea which it has taken me a paragraph to express.

You may ask and wonder whether this actually occurs—this poisoning of one's self. It does, indeed, occur in far more cases than is commonly recognized. In some cases perhaps it occurs to only a slight degree. In those instances where it occurs to a greater degree severe symptoms make themselves apparent. Chief among these symptoms are headache, a continual sense of fatigue, drowsiness and loss of appetite.

This leads us to a discussion of the cause of auto-intoxication. In brief, it is due to the stagnation of the waste material ordinarily formed in the colon. Normally this material passes on through the colon until it arouses a desire for bowel movement, at which time it is disposed of. During its passage through the colon the excess of moisture is absorbed from it, and those materials which have been rejected as being unfit for absorption are passed on. If now, for any reason, the normal rate with which this material is passed on is interfered with and is decreased, there occurs a degree of absorption in excess of what is

normal. Moreover, changes occur in urinary waste material owing to the presence of bacteria. These changes consist in putrefaction or a decomposition. The products of this decomposition are poisonous. When they are absorbed they exert the action typical of all absorbable poisons—that is, they do damage to whatever susceptible tissues they are carried to in the blood stream. If the amount absorbed be great the patient is indeed fortunate, since the headache and other symptoms prompt him to action. The most dangerous form, however, of this condition is that in which these warning signals are not so prominent, and in which the condition is not recognized until it has been able to exert its harmful influence for an appreciable length of time. It is in this situation particularly that things happen which cause your blood pressure to become abnormally high.

Blood pressure only becomes of importance when it becomes raised or lowered above or below the point considered normal. Everybody, therefore, has blood pressure the same as everybody has temperature. When temperature rises above normal we say the patient has

When blood pressure rises above normal we have the unnatural condition of high blood pressure, which, however, is popularly known as merely "blood pressure." One of the most important things which determine the degree of pressure of the blood within the vessels is the flexibility of the walls of the small arteries and capillaries. The force of the heart, while an important factor, usually does not become the disturbing one in matters of blood pressure. It is, however, these capillaries and small arteries which are the chief disturbers in this respect. This is for the reason that they are very delicately constructed and hence are easily deranged by poisonous substances which may happen to be brought to them in the blood stream.

It is thus that the toxins or poisons formed in the colon play such an important part in the production of an abnormally high blood pressure. The capillary cells and the lining of the little arteries become thickened and lose their normal flexibility. The condition progresses until what is known as "hardening of the arteries" has occurred. With the force of the heart remaining the same, and the outlet for

the blood within the arteries being encumbered, the pressure within the arteries naturally rises. This rise is tolerated up to a certain point, but sooner or later the familiar signs of high blood pressure make themselves evident. Not only is the blood pressure affected by the absorption of toxin from the stagnation of waste material in the colon but the delicate capillaries of the kidney may also be affected.

Intestinal irrigation or, more properly, colon irrigation is of decided value in removing the source from which these toxins are generated. However, after they have served their purpose of removing the stagnant waste material from the colon, their use should not be persisted in, since if given indiscreetly, they are apt to further invalid an already poorly functioning bowel. It is, however, at this point in treatment that the bacillus acidophilus can render a service. The continued growth of this organism in the intestine and the observance of proper diet will do much toward removing this cause of high blood pressure. Both these subjects are discussed in greater detail in other chapters of this book. At this point I merely want to emphasize the fact that our general

health is very markedly dependent upon the proper functioning of the colon. We are only now coming to realize the extent to which diseases of the colon may be instrumental in the production or aggravation of many ills which have hitherto not been considered in relation with it.

As instances of this, certain mental states and even insanity can be directly attributed to prolonged auto-intoxication. Various forms of nervous ailments can also be traced to the same source. Skin disturbances such as pimples, rashes or eruptions, which in former years were considered diseases by themselves, are now being recognized as symptoms of intestinal disturbance. Lastly these arterial changes ending in arterio-sclerosis with its high blood pressure are now known to be, in many instances, attributable to the toxins absorbed from waste material which has been allowed, by an improperly functioning colon, to remain there too long.

CHAPTER XXVI

SPECIAL MILKS USED IN INTESTINAL DISEASES

Bulgarian Bacillus Milk, Acidophilus Milk, and Others

Travellers in the southeastern part of Europe have always been impressed with the exceptional old age which many of the inhabitants of these countries attain. Those who gave the matter more than passing observation tried to discover the reason for this apparent epidemic of long life in that part of the globe. The conclusions which such careful observers reached were that certain food habits which the people of the Balkan countries had were responsible to a large degree for the condition noted. The particular food habit which appears to be most influential in their well-being is the continuous use of special milk as a food. To the natives it is merely a soured milk, since it is made from ordinary milk by simply letting it get sour. To a scientist, however, such an explanation is not quite sufficient. They must know why the milk sours and wherein sour milk differs from ordinary milk. As the result

of considerable research a microbe was isolated from the kumyss or soured milk. This microbe was named the Bulgarian bacillus since the studies were carried on in milk prepared according to the Bulgarian method.

This all happened some years ago and since then the Bulgarian bacillus milk has become quite well known throughout the rest of the civilized world. Upon the basis of these researches commercial firms placed purified and somewhat modified milk cultures of Bulgarian bacillus on the market and they have been offered to the public under the name of Fermillac, Bulgarzoon, Kumyss and various other names. All of these have definite food value, are pleasant beverages, and are useful in introducing the Bulgarian bacillus into the large intestine. In many cases undoubted benefit results from their use.

More recent study has shown, however, that the real value of most Bulgarian bacillus milk cultures is due to another organism present in the culture. This organism, known as the bacillus acidophilus, is a cousin to the bacillus bulgaricus and indeed looks very similar to it under the microscope. It differs, however, in

its life habits and there is much experimental evidence to show that it is more capable of helping people, sick with intestinal diseases, than its Bulgarian cousin. This is for the reason that the bacillus acidophilus is the only beneficial milk organism that is able to grow and establish itself in the human intestine when administered as food. Indeed, much research work has been done upon this organism and it is pretty definitely proven to be a normal inhabitant of the human colon.

It may be quite surprising to some to know that bacteria grow in the human colon. But such is the fact and indeed is the very fact upon which is based the use of these special milks and various diets. Even in a normal healthy being, countless millions of bacteria live and grow in the colon. They feed upon the undigested food residue and upon some of the food that has been digested. There are many kinds of such bacteria; some of them are harmful and some are helpful. The food we eat to a large extent determines the character of the predominating bacteria in the colon. For instance, if we eat the wrong kind of food (as for example: too much meat) we increase in

tremendous numbers all kinds of harmful bacteria in the colon. On the other hand if we eat the right kind of food (such as vegetables, milk and fruit) we increase the right kind of bacteria.

What makes bacteria good or bad so far as a human body is concerned? It all depends on how they act in the colon. Those that live on meat give off poisons from their bodies and by causing putrefaction in the food residue also cause poison substances to be formed. When these are absorbed from the colon, they cause headache, fatigue, and do tremendous damage particularly to the nerves. One can, therefore, readily understand the wisdom of not allowing such organisms to become very numerous. One way of keeping their numbers down to a safe limit is by not giving them very much food to eat. In other words, since they can live only on meat, if we do not eat meat we will surely starve them out of existence. Most people, however, think they need at least a little meat every now and then, so the question arises as to how else can these harmful germs be kept in subjection. The answer lies in the same kind of method that the farmer uses

to kill off troublesome weeds in a certain patch of land. He plows everything under and then sows the entire field with buckwheat. The buckwheat grows so fast and furiously that the poor weeds have no chance at all. In just the same way we can overgrow these harmful organisms by increasing the growth of the beneficial ones in such tremendous quantities that the harmful ones will be choked.

Toward this end pure cultures of the beneficial organisms, the bacillus acidophilus, have been prepared and are offered to the public by various milk distributors and firms which deal with biological medicines. The milk culture known as acidophilus milk has much to commend it since it is very agreeable to taste and is a very effective means of crowding out harmful bacilli. Broth cultures are also prepared and may be mixed with water or milk and taken as a drink. The firm of Mulford have recently put out an attractive candy form of the culture, which consists of chocolate coated cubes of the bacteria cultured in a special jelly. Such type of medication would seem to be particularly valuable in the case of children or people with sensitive tastes. Acido-

philus is also offered in the form of tablets, but I have much doubt as to their value since the dryness of the tablet does not favor life in the bacteria contained therein. Indeed, it is my opinion that almost any of the other forms of culture are to be preferred.

If any of the cultures mentioned above are consistently fed to a patient, and at the same time he is put on a meat-free diet, a complete transformation in the kind of bacteria present in his colon will occur. Toxic symptoms such as headache and fatigue disappear, intestinal gas is diminished and should there be present any moderate degree of inflammation of the lining of the colon this will be greatly relieved. Indeed there are many intestinal diseases in which the continued growth of the acidophilus bacillus exerts a very beneficial influence. I do believe, however, that these special cultures and milks should not be used in cases of disease without consulting a physician. Though in general they are harmless yet they can delay accurate diagnosis. In certain cases such as cancer the grave injustice of this will be apparent.

The successful use of the various special

milks, particularly the acidophilus milk, depends upon one item which is often overlooked, namely, the absolute dependence of such organisms upon various foods. Small quantities of acidophilus culture given in conjunction with the proper diet will be far more effective than large quantities of the same culture given with an improper diet. The reason for this is that the acidophilus bacilli require sugar of milk for their nourishment. Thus, it is even possible by feeding large quantities of sugar of milk to completely transform the intestinal bacteria without taking any of the special culture milks. This is accomplished by feeding the acidophilus bacilli normally present in the colon so well that they overgrow all other organisms. Though this can be done it takes a very long time. The same results can be accomplished in a remarkably short time by combining the two methods, that is, by feeding both the culture and the sugar of milk. Sugar of milk then, in quantities of about four heaping tablespoonfuls daily, should be fed in water, fruit juice, or in milk in order to increase the efficacy of the special milk. The sugar of milk is not very sweet and in fact its taste can hardly be noted when added to milk.

The intelligent use of the various special milks can be of real value in the treatment of certain intestinal diseases. Such treatment should, of course, be under the direction of a competent physician, lest the patient do himself the injustice of mistreating an ailment which could not possibly be made to yield to such measures. Aside, however, from the use of cultured milks in intestinal diseases they may be sensibly used as food beverages which have definite health giving qualities. Indeed, if the use of fermented milks of the type mentioned could be made even nearly as popular as the drinking of soda water, synthetic orangeade and a host of syrupy concoctions, many of the digestive ills of today would disappear.

CHAPTER XXVII

WHAT THE WELL FED PERSON WILL EAT

FOOD always has been a matter of vital importance. Early in the history of the human race the problem consisted chiefly of how to get food; later on the problem was one of storing food for use in times of natural scarcity; now in the present day the problem seems to consist in reducing the number of foods by selecting for use only those which are consistent with life as we live it today. There are many instances in past and modern times which illustrate the huge problem that food always has been.

The famines that descended upon the land of Canaan and elsewhere were thus a part of this problem. So, too, were the attacks of scurvy which in former years visited the entire crew of a sailing vessel. This hitherto obscure disease was found to be due to the fact that during the long voyages made necessary by the use of sails the men of the crew were fed upon food that contained practically none of the life-giving substances now known as vita-

mins. Since these substances are not found in the salt pork and hard tack diet upon which they lived and since no fresh vegetables or fruits were available scurvy ran rampant among the sailors. It was found that the addition of even a small quantity of fruit juices such as the juice of oranges, lemons or limes would effectively ward off and cure the disease. English sailors were particularly quick to reeognize the value of this preventive measure and their lime juice drinking habit caused them to be known among the sailors of other nations as "limies." This name curiously enough is still used in sailor slang to this day.

In certain parts of the far-off western world such as Malay and India there was prevalent for many years a dreadful disease known as beri-beri. Its cause and nature remained unknown until an investigation was made of the food habits of people affected with it. Then it was found that the wealthier people of the community were affected far more frequently than the poorer people. Since rice was the main article of diet of both groups, the investigation did not seem to give any clue as to the cause. Upon still further inquiry, how-

ever, it was found that, although both ate rice in large quantities, the rich people ate polished rice whereas the poorer people usually lived on the unpolished rice.

Here, then, was the answer to the problem, since the outer shell of the rice contained all the vitamins. The poorer people not being able to afford the polished rice were protected, strangely enough, by their own poverty. With the discovery of these facts the disease has been almost eliminated by public health instruction of the natives. In our own country in the southern states we have seen a somewhat similar condition in the large numbers of people suffering from pellagra. This is a very frightful disease and is now known to be caused by by what is called an unbalanced or defective vitamin diet. Babies who are not fed right often develop rickets and the bowlegs which they have for the rest of their lives remain a memorial to somebody's ignorance of proper feeding. These instances will, then, give you some idea of how important proper food is.

There are, however, other instances in which food has demonstrated the important part it plays in our life. In the middle ages entire

armies were exterminated by typhoid fever, and for centuries the manner in which this disease extended itself throughout a community was unknown. Today we know that it is transmitted almost exclusively through the food we eat and the milk and water we drink. The fact that we no longer have epidemics of this very serious disease is due in part to the magnificent system existing in this country of public health control over food and water.

Milk has always played a sad part in the spread of tuberculosis, a disease which is justly known as "the great white plague." Unfortunately the chief sufferers were children who, of course, depend very largely upon milk as food. Modern public health service has, however, reduced this danger to a minimum. You and I do not know enough about the care with which our health is guarded in this respect to appreciate the invaluable service rendered us. Trained veterinary inspectors travel throughout the land visiting dairies and examining each and every cow for any sign of tuberculosis. When tuberculous cows are discovered they are immediately con-

demned and bought by the government at the current market price. Thus the farmers sustain no loss and the infected cow is not allowed to endanger the lives of many children and adults who drink milk derived from that dairy.

Of course, the importance of food has long been recognized, and has led to the development of food fads by fanatics on the subject. We are all familiar with the militant vegetarian; nearly everybody knows how much advocates of the fruit diet claim ; and we have all heard unconvincing claims made as to the value of living on milk exclusively. There are others who claim that they can live solely on nuts—and I believe them, but lest we should get too humorous on this subject it may be well to contrast it with a more threatening fad. Mistaken as many of the food faddists are, I believe that the most of them are sincere. Their advocacy of any particular food is one which does not bring them profit except in the satisfaction of feeling that they have helped others. Then, too, many of their fads contain perhaps a certain degree of real value, but unfortunately their sense of judgment has

become distorted and leads them to extremes. However, I repeat that their interest is sincere.

Nothing so charitable can be said of the present tendency in public appeal used by the producers and distributors of certain kinds of food. Thus, leading meat packers (who undoubtedly have the interest of their stockholders more at heart than the health of the public) broadcast the slogan "eat more meat"; while the producers of raisins slyly inquire, "have you had your iron today?"; the apple growers have used the motto "an apple a day" for many a day, while those interested in the sale of milk assure us that health and happiness come from the use of "milk from contented cows." *Thus the billboards have become the menu card of our nation.* Food habits are formed as the result of these advertising suggestions and the exact amount of harm done can hardly be accurately gauged!

Health columns are well meaning in their suggestions but they are too often written by quotation rather than from observation and experience. In other words the writer of the health column quotes from some text book, the author of which copies from somebody

else's quotation. The element of reason has a difficult task making itself felt. In the whirl of suggestions, therefore, that assail us at every turn one may well ask "what *should* a person eat in order to be well fed?"

In order to understand this problem it is necessary for us to know exactly what food is. Knowing this we can draw the distinction between good food and food that is not so good. Food is the coal that we put into the furnace of our bodies. It represents material which is burned in the tissues in order to give us heat and energy. It has, however, two other uses to which coal is not put, namely, it repairs worn out tissues and helps in the growth of young tissues that need to develop. We all know that we cannot put too much coal on the fire without either putting it out or at least having an inefficient fire. So, too, those people who overeat become fat in an unhealthy way and make their bodies inefficient machines. Yet they wonder why they cannot do good work or feel well!

The question, therefore, arises as to how much we should eat. It is a question, however, that cannot be answered in such a way as to

fit every person's case. Primitive men like the American Indians had to *earn* their meal by strenuous hunting or fishing. This involved much physical exertion and naturally they could eat larger quantities of food than we of today. The demands of their bodies were greater and hence their capacity for food was proportionately greater. Today the man who does hard physical labor in the same way earns the food he eats but those of us who do but little physical work certainly cannot eat the same amount of food that he does and expect to remain healthy.

There have been some rather painstaking and mildly ridiculous efforts to regulate the amount of food we eat by the employment of unsympathetic mathematics. Thus we are told the calory value of every food and are told that we should not exceed 3000 calories a day in food. Scientifically this is correct but, however scientific it may be, it is nevertheless far from satisfying. To anyone who has ever lived on a calory diet the truth of this statement will be evident.

There is no great doubt in my mind but that many of us overeat, and I am furthermore of the

opinion that the calory system can be effectively used in an institution where it can be accurately controlled, but I do not believe that the average person regards the calory with the same reverence that scientists do. It is my opinion that if people can be persuaded to eat more of the foods they should, namely, vegetables, fruit, and water, and less of the foods that they shouldn't such as meats, spices and refined sugars that the problem of overeating will not be a great one. "Leave the table hungry" was the advice of a noted French physician of the nineteenth century and it is still good advice in our modern day. If we are going to make any mistakes as to the quantity of food we eat I feel that we should make it on the side of a little too little rather than a little too much.

Confronted then with the advisability of eating less food we are nevertheless under the obligation of maintaining a bulk of residue sufficient to keep the colon in its normal function. Vegetables and fruits supply this necessary bulk and should form a liberal part of everybody's diet. Fresh vegetables and fruits are, of course, preferable to those that are canned or preserved. However, from the stand-

point of bulk the canned and preserved foods are just as efficient as the fresh ones. It is only in the matter of taste and possibly vitamin content that any difference exists. For all practical purposes canned vegetables and preserved fruit are acceptable articles in modern diet. I might burden you with a list of the foods which are most bulky but I am quite sure that you would not consult this or any other book at the moment you are contemplating satisfaction of a healthy appetite. Indeed, I think you would rather spoil the delight that comes with a well relished meal by any attempt to specialize exclusively on the foods containing the most bulk. A person need but include two vegetables and a fruit with each meal, and for all practical purposes the bulk average will be pretty nearly normal.

Now that we know how much to eat the question arises as to *what* we shall eat. There is no doubt in my mind that a person can live his entire life on vegetables exclusively. I think the most of us, however, would regard such a life as a martyred existence. After knowing all the scientific data in favor of an exclusive vegetable diet, and after its correct-

ness in every detail has been agreed to, there still lingers in the mind of the average person an appetite for meat. Instinct and habit transmitted for many generations insist upon asserting itself. For, after all is said and done, man has been an omnivorous animal for countless generations. He feels that he needs the taste of meat!

Now it seems to me that a rule that will not be observed had much better not be made at all, since the breaking of that rule is more harmful to a man's character than a piece of meat would be to his body. My own conviction, therefore, is that since the average man feels that he needs the taste of meat that we should let him have it—that is, a *taste* of it. In other words, enough to satisfy his appetite for it but not enough to satisfy his real hunger for other foods. A few pieces of crisp bacon, a slice of chicken or a small portion of well done roast beef taken occasionally will not do as much harm to the normal person as the spirit of rebellion against the restriction of diet, which comes from an enforced subsistence on vegetables alone.

While admitting meat then to our diet in

the limited quantity mentioned we must, however, depend upon vegetables and cereals for the bulk of our meal. In these modern days the variety of such vegetables offered at the market or in a restaurant allows considerable choice. One need not eat the same vegetable daily until it is no longer acceptable. By constantly changing from one to another there is less tendency of becoming "tired" of vegetables in general. When it comes to the matter of dessert I think we can rightfully consider fruit as Nature's own dessert. Fruit in any form is certainly more desirable than pastry or any of the much too highly sweetened desserts ordinarily offered. Here, too, we may change our selection so as to avoid an oversatisfaction of any one fruit. Nuts may be considered good food and beside being tasty they are even more nutritious than meat.

"What shall we drink?" is another question which arises. Water is certainly the most important food upon which we live. It should be taken in liberal quantities between meals and may also be taken in moderate quantities during meals. The only objection to water drinking during meals is that some people use fluids to

hastily wash down improperly chewed food. Aside from this there is no objection to water in moderate quantities at meal time. Iced water interferes somewhat with digestion and should be avoided.

Coffee has been rather brutally slandered of late years, but in moderate quantities I doubt the accuracy of the reports of bad effects from its use by normal people. A cup of coffee at meal time has nutritive value and serves as a disguised method of adding fluid to the meal. Weak tea is another method of agreeably taking a certain amount of hot water at meal time. The wise old Chinese knew of the good effect that hot water had on the digestion, but disliked the flat taste which boiled water has. So they sprinkled a few tea leaves into the boiled water and thus gave to the world a refreshing beverage. In reasonable quantities I do not believe tea is harmful to the average person except when improperly made. Tea should never be boiled, since in that way tannin is given off and this will definitely disturb the stomach and intestines. Milk, cocoa, chocolate and fruit juices are additional food drinks which may be

used to vary the monotony of continuous coffee and tea drinking.

Those foods which had best be avoided are particularly the spices, relishes and highly seasoned sauces which are frequently offered us. Of course, all food needs a certain amount of seasoning but those highly seasoned should be avoided. Meat in excessive quantities is equally undesirable. Highly refined foods such as cane sugar and the various rich pastries are best substituted by the natural confections, namely, fruits.

Foremost among the suggestions regarding food are two which I have omitted mention of up until this time. They are, however, extremely important. The one is regularity in meal time and the other is the avoidance of hurry while dining. Regularity is absolutely necessary in order to train the food canal to habits of regularity in the functions of digestion and excretion. The time of meal should not be varied from day to day even slightly. The care with which one chews his food does much to avoid throwing an undue strain upon the rest of the intestinal tract. It is far better to eat a small quantity of food properly chewed

than to "bolt a large meal," and in so doing run the risk of the disordered digestion which will in time result from such a procedure.

In the foregoing paragraphs I have attempted to give some friendly suggestions on a subject which is one of great importance to your daily welfare. I have made no attempt to quote statistics or to be exhaustive in my statement of the subject. Personally, I believe it is futile to give lists showing the foods that predominate in protein, fats, etc., because scarcely anyone pauses in his hungry moments to say, "I believe I need some carbohydrates, fats, or proteins." Instead you order a cheese sandwich or some other article of diet which experience has shown capable of satisfying your hunger. Curiously enough, instinct in some respects is a very excellent guide, since many of the simple combinations which are popular have proven upon scientific analysis to represent practically correct proportions of these substances. Take for instance the example of the sandwich; it consists of bread and butter and cheese, and in it there are correctly proportioned the various types of food which we need. It is thus with many

of our simpler and traditional food items. I do not mention these facts to advocate a sandwich diet nor to advocate complete confidence in instinct, but merely to support the contention made in this chapter that only general suggestions such as I have given are needed to supplement the natural instinct which we possess.

CHAPTER XXVIII

DEFORMITIES OF THE RECTUM

When we stop and ponder over all the very delicate processes by which the embryo develops into a healthy well formed baby our wonder is chiefly over the few mistakes that Nature makes rather than the very occasional ones. Comparatively rare though these deformities may be, yet they are important for the simple reason that they may possibly be overlooked and since they interfere with the health of the child they should be recognized as soon as possible and should be corrected.

It is for this reason that careful physicians examine every new born baby to determine whether or not the lower bowel is functioning correctly. Such an examination usually consists in inserting the little finger, well lubricated with vaseline, into the child's rectum. Though the diagnosis of the exact type of deformity present must necessarily be passed on to a physician, yet there are certain evidences whereby even a layman could at least suspect that something was wrong with the

bowel. Thus, if it be noted that the diaper has not been soiled during the first twenty-four hours following birth, some investigation should be made as to the condition of the lower bowel. At least the matter should be reported to a physician and he will make such examination. Usually babies in whom this deformity occurs appear very fretful, prostrated, and their little abdomens are noticed to be abnormally puffed out.

Even though the diaper has been soiled during the first twenty-four hours, it cannot be considered as an assurance that the bowel is entirely normal, since I have seen cases in which finger examination showed a normal rectum, but which suffered as a result of abnormal openings into the rectum, into the bladder or into the vagina. In such cases, of course, the diaper will be soiled but the abnormal opening nevertheless should be detected as early as possible.

What can be done for a child who is so unfortunate as to be born with a deformed lower bowel? The answer to this question depends to a great extent upon the earliness with which the trouble is detected. If seen

early the child can be completely relieved, and if skilfully handled can grow up to be a practically normal individual. In other cases, which have remained undetected for any great length of time, and in whom severe symptoms such as vomiting have occurred, the outlook is not so pleasant. Indeed, such cases usually do not live very long. All the more important that we should be alert to the possibilities of the occurrence of deformities in this region.

In the instance of very extensive deformities of the lower bowel we often find other deformities elsewhere in the body, and hence the child may be totally unfit to live. Death is often a blessing in disguise for such infants, since even if they should survive, which they rarely do, they would be a constant care and burden not only to the kindly mother, but to themselves.

All of the very interesting things mentioned above may lead to the very proper question as to why they do occur. Poor health of the mother, particularly throughout the period during which the child is carried, is the outstanding cause in many cases. By this I do not mean actual disease or accidents, though these of course may very readily leave their

imprint upon the child, but I mean more particularly faulty nourishment, Mothers, therefore, should be very careful of their food and their own good health during this very important period for the child-to-be. There are various diseases which may have a similar influence in bringing about a faulty development of the baby. Chief among these is syphilis. Usually, however, and fortunately, syphilitic children are born dead. Alcohol taken in excess, in habit forming quantities during the child carrying period, has also been accused of being a cause.

The secret of having a child born without such deformities seems to lie firstly in having healthy parents, and secondly in maintaining a state of peace, health, and freedom from excitement during the carrying period. The next most important thing is the matter of calling attention of the physician to any apparent abnormality in bowel function of the new born child.

CHAPTER XXIX

ELECTRICAL METHODS

INTO the field of medical treatment there has come evidences that this truly is the Age of Electricity. As in many other specialties, various devices have been contrived to harness the fancied or real power of electricity to heal diseased tissues or to correct them in a more radical manner. Since the passing of the late Mr. Diogenes the popular demand for an honest man seems to have waned, yet, in connection with this matter of electrical apparatus for medical treatment, there is a real need for someone who will weed out the chaff from the wheat. The distressing fact which makes itself felt to the honest physician is the lack of one note of sincerity in the concert of circus stuff which is paraded before the easily imposed upon public. Let me make plain that I am making no wholesale condemnation of electrical apparatus; some of it is indispensable to the modern practice of medicine; more of it is a valuable aid, but in my opinion the most of it is a public fraud to which some of the

medical profession unknowingly and, most unfortunately, sometimes knowingly, subscribe.

As business men we all know the power of well directed advertising, good copy and high pressure salesmen. We are also aware of the fact that when these measures are brought to bear upon a not too discerning public it is quite easy for said public to find itself oversold on the particular commodity in question. The same state of affairs will be found to exist in the medical profession. Innumerable physicians throughout our land have invested sums varying from $100 to $1000 and more in apparatus that looks elaborate and which is said to be capable of doing certain things. The doctor as a rule has bought this, not because of any painstaking investigation as to its real value, but because some well-trained salesman has perfected an approach that rendered him susceptible to the sales arguments. The sales arguments consist, in the main, of unverified statements, and considering the fact that they are made by men who have not taken the trouble to get a medical education, nor in some cases even an electrical education, it seems preposterous that the doctor should be so

meek in accepting their statements. However, having been sold the apparatus, his instinct of self-interest unfortunately begins to outweigh whatever sense of duty he may have. The machine costs money, often considerable money and, therefore, it must be paid for. It *is* paid for by cases—the cases meaning the first dozen patients who happen to come within sparking distance of the apparatus. So you see if this matter is the fraud I think it is you have your layman selves to thank for it.

From this preamble you may almost guess my views in regard to the use of electrical apparatus in rectal diseases. I have in mind a case which came to me not long ago suffering from an intense itching about the anus. The patient frankly stated that he had been under treatment but had left the doctor because the itching had not been improved and in fact his general condition had grown worse. I asked him for details and he explained that among the treatments he had had for the past six months was the quartz light therapy.

The patient seemed very surprised when I examined the colon with an instrument, and noting his surprise, I asked him if this had not been

done before. He assured me it had *not* been done. The result of my examination was, that I came to the conclusion that there were more criminals out of jail than there are in jail. This man had a fully developed cancer of the rectum which should have been discovered in its early stages. The six months spent in sunburning the skin about the rectum deprived him of whatever chance he might have had of prompt treatment in the early stage of the cancer.

Of course, the quartz light did not cause the cancer, and I will moreover agree that the manufacturers of the quartz light were not directly responsible for the criminal neglect of this man. Responsibility undoubtedly belonged to the physician who maltreated this case, but the fact *does* remain that the doctor's judgment in the case may have been swayed firstly, by the extravagant claims of the sales department and secondly, by the fact that he felt obligated to use the light in every case in which he had an excuse to use it so that the cost could be covered.

There are many other ways in which electrical apparatus may be used in the rectum, but I will mention only two others to show

the need of approaching this problem with an open mind.

I recall a case in which a lady bought at a department store a set of what were called ultra violet electrodes. The saleslady assured her of how excellent they were in cases of hemorrhoids. With this expert opinion to guide her she attached an electrode, noted the mystic fluorescence in it and then inserted it into the rectum, confident that the hemorrhoids would no longer trouble her. In a relative sense they did not, for after the glass electrode had broken into a million and one pieces, imbedding itself into the walls of the rectum, the hemorrhoids present were the least of her concern.

Another of the electrical procedures used in the rectum is the electro-coagulation of hemorrhoids. The patient is assured that it can be done in the office and he can go right home without pain or displeasure. This is somewhat on the principle of a famous rat poison whose motto is "don't die in the house." Of course, they do *not* all die, although many wish for that speedy termination. But the fact is that the procedure is *not* painless, it cannot safely be

done in all cases of hemorrhoids merely by treatment in an office and allow an immediate return to home. Moreover, in order to apply the treatment at all it is necessary to use novocaine to deaden the tissues. It is far more practical, and experience has proven that it is far safer, while the patient is thus benumbed to remove the hemorrhoids and accurately tie any blood vessels which happen to be exposed. With the electrical method the cooking of the tissues is depended upon to check the bleeding. This coagulation or cooking causes what is known in medical circles as a slough and is a harmful thing to allow to form in any part of the body. The reason is that a slough represents dead tissue and when dead tissues decompose they form poisons. These when absorbed are decidedly harmful.

No doubt you have gathered the idea by this time that I do not believe everything salesmen tell me. I am also aware of the fact that my views may be contrary to what members of the profession think but I offer the opinion as the result of considered thought upon the matter and with a real desire to be of service to the laity in discerning the true from the

false in this particular line of possible fraud. Having no electrical appliances to sell I am naturally independent in my views, and not being subsidized by any of the firms that make their profits from the sale of these appliances, I can indulge in the luxury of an honest opinion.

In conclusion I wish to call attention to the statement made earlier in this chapter, to the effect that there are electrical instruments which have a very definite value, and there are others which may be considered of contributing value, but I still close with the sentence that much of it is the product of a brain like that of Barnum.

CHAPTER XXX

HOME REMEDIES FOR RECTAL AILMENTS

In no class of ailments are home remedies more eagerly sought than in the instance of rectal ailments. It is for this reason that the field has been so continuously and successfully exploited by those who make fortunes by selling patent medicines. It may, therefore, seem discouraging to the reader to learn that all of the money he has spent in medicines and appliances of this type is a total loss. The fact, however, is that there are only two home remedies which a long experience with this type of disease has demonstrated to me are of any value at all in the treatment of rectal diseases. It is thus evident that I am making wholesale condemnation of what I consider useless and harmful remedies. However, those that I mention to take their place are sensible, easily available, and totally without cost. Perhaps it is for this reason that they are not appreciated.

Before proceeding to a discussion of those home remedies which will be found serviceable,

I believe it will be of value to discuss some of the more common devices and medications designed for home use. Perhaps the most generally known are the rectal dilators. These are made in slightly varying shapes and of different materials, some being of hard rubber, others of glass and still others of aluminum. They come in sets ranging from a small size to a large one. The directions for their use are that they be lubricated with vaseline or some other suitable lubricant and then inserted into the rectum. Naturally the smaller one is to be used first and then the larger sizes. They are, thus, supposed to stretch the anus. This they actually do, but in fact so does a normal bowel movement. The larger sizes overstretch the anus and may do damage. They *do not* cure any condition that they claim to cure, and in certain instances such as fissure they may greatly aggravate the condition.

The only ailment for which they might sensibly be used is that of stenosis or a narrowing of the anus. This is usually due, however, to a condition which requires the attention of a physician. The dilators are not without danger, since the glass ones may break within the rectum

and cause much trouble. The smaller dilators may in some instances slip up into the rectum and, of course, require their removal. Some of these dilators are made hollow in order to allow their filling with hot water—the idea being that the heat radiated from the dilators will have some value in healing the part. This appears quite ridiculous when one knows the structure of the diseased part. I can only conclude, therefore, that the use of so called rectal dilators are merely implements for deluding oneself.

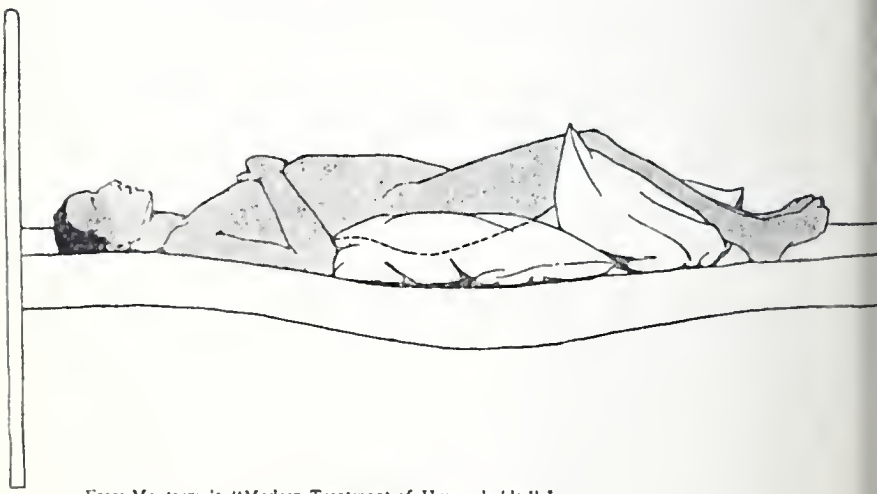
Suppositories and ointments are unfortunately chief among medicinal home remedies for ano-rectal ailments. Their total uselessness is set forth in much detail in the chapter entitled, "Which Suppositories are Good to Use?" Money and suffering may be saved by recognizing the fact that "he who doctors himself has a fool for a patient."

A modified shower bath of the colon is the alluring suggestion embodied in a device offered to the public as a substitute for colon irrigation, enemas and similar procedures. It consists of a rubber bag into which a solution is placed and upon which one seats himself.

The weight of the patient in this way forces the the fluid up into the colon. Considering the weight of the average adult as 140 pounds, you can readily understand the force with which the fluid is forced into the rectum and colon. It is an unnatural force and has caused damage in many instances. The walls of the colon are only paper thin and are certainly not designed to withstand any 140 pound pressure. There are cases in which a weakness in the wall (known as diverticula or little pockets) exist in the colon, and in a case such as this, excessive pressure can easily result in rupturing the colon. Peritonitis is almost sure to follow and the person may pay with his life for the desire to have an "internal bath."

There are three things which may be done at home that will tide over an acute attack of certain rectal diseases and be of service in certain others. Chief among these is the employment of a certain manner of lying in bed. This involves a position which experience has shown to be the one which gives most comfort in cases of rectal disease. The following simple arrangement will give this position. The head pillow of the patient is removed; a

pillow is inserted under the hips and two pillows under the legs. Lying in this position it will be seen that the person is in such a position that his hips are at a greatly higher level than the rest of his body. The rectal area is in this way relieved of congestion and also



From Montague's "Modern Treatment of Hemorrhoids."

FIG. 9.—Position of greatest comfort for persons with certain ailments.

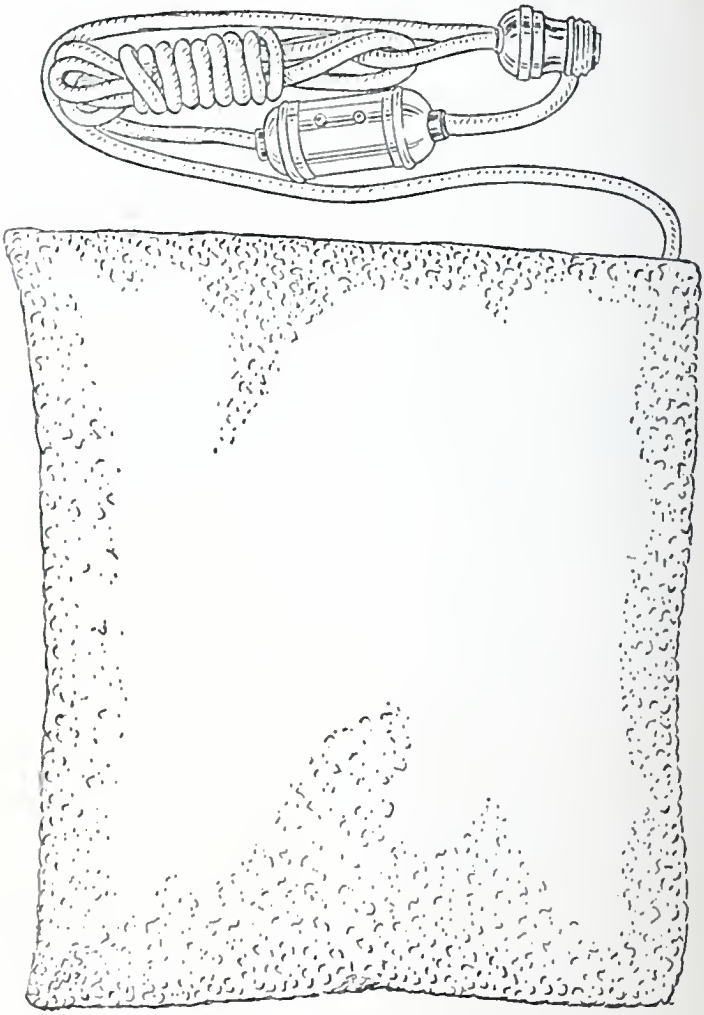
of the pressure of the various organs in the abdomen. Rest in bed in this position will, in many instances, relieve the congestion of prolapsed hemorrhoids and other congestive conditions. Fig. 9 illustrates this position.

In certain other conditions, what is known as the hot sitz bath has a decided value, at least in relieving pain and soreness. It is a simple

procedure. A large pan or bathtub is simply filled with hot water in a sufficient amount to reach above the patient's hips when he is seated in it. The temperature of the water should be as hot as can be comfortably borne by the patient (usually about 110° F.). This is useful in painful conditions accompanied by spasm of the sphincter, and also in certain painful conditions arising from disease of the bones and joints in back of the rectum.

Hot baths have a decided weakening effect on some people and this fact may make inadvisable their use. In such instances or in other cases for reasons of convenience a hot water bag may be used to apply heat to the part. Better by far than the old fashioned hot water bottle, however, is the modern electric heating pad (Fig. 10). This supplies in a most convenient form a constant heat whose intensity may be easily regulated by a switch. Moreover, there is no possibility of leaking as with the water bag nor is one under the obligation of renewing the source of heat at intervals. All in all the modern electric heating pad is a very welcome newcomer in medical appliances.

The enema, and at least one form of colon



Courtesy of N. Y. Edison Co.

FIG. 10.—Electric heating pad.

irrigation (see page 162), may be logically considered as home remedies, but inasmuch as they are described in detail elsewhere in this book further mention is not necessary.

Those home remedies to which approval may be given have been spoken of. It will be admitted that the list of such means of self treatment is short. Yet this must necessarily be the case if we are going to maintain a sensible attitude. Let us look at this situation from another angle: patients in free clinics often show resentment when they believe they are being experimented upon by the clinic doctor. Regardless of whether this be the case or not, does it not seem absurd for people to experiment upon themselves, when they feel so bitterly toward the same idea in the hands of a trained medical man! Curiously enough there are laws against experimenting on your pet dog or cat, but none against using yourself as an experimental animal. The decision rests with you.

CHAPTER XXXI

UNNECESSARY OPERATIONS

THERE was a time when operations were but occasionally performed and then only in grave cases where life was at stake. With the introduction of anesthetics, however, surgery was made less agonizing. Moreover, when the importance of antiseptics was recognized, operations became safer. Whereas previously, more people had succumbed to the infection following an operation than had actually died as a result of it, now with this big disadvantage removed surgery could be done far more safely than at any time hitherto.

At the present time the technical part of surgery is so nearly perfect that operations which in olden days would have meant death, are now done by the dozen every day with but a very small percentage of deaths. It is this very safety with which an operation may be performed that has brought about the situation where the public wonders and sometimes questions the necessity for operations. Concerning the need or indeed the advisability of

an operation in any particular case, there is only one type of person who can be a competent judge—a person with a modern medical education and an old fashioned conscience. Where this combination is lacking we will find sick people exploited for fees—often through the agency of the unnecessary operation. I need not state that this actually occurs. The public of today is a far more intelligent one than that of the slumbering '70s. Indeed the average business man of today has a better medical education than the doctor of 1870. Quite naturally he does a bit of reasoning for himself, and when a doctor forgets to pack his conscience with his instruments, it is not uncommon for the patient to recognize the fact.

These remarks are particularly true of doctors who call themselves surgical specialists or "general surgeons." One can hardly imagine a more ridiculous situation than that in which a man claims to be a general all-around specialist. One's credulity is strained when it attempts to believe that any one surgeon can give expert service in every special branch of surgery; that any one man can be equally expert in brain surgery—operations on the

foot—the delicate operations of the eye; or that the same nimble fingers that can pluck an appendix from its home can lift the faded beauty's face, or set the deformed limbs of a bowlegged child with equal deftness! It would seem more reasonable to believe that a man *is* or *is not* a specialist; that he *has* or *has not* special skill in certain diseases. And my humble opinion is that a man who says he gives skilled services when in truth he is an all-around physician is guilty of obtaining money under false pretenses. In these days we respect and, if we are sensible, demand the services of an expert. When our watch requires repairing we take it to a jeweler and not to a plumber although they are both mechanics.

Quite as unfair does it seem that some doctors should wish to standardize the matter of treatment to a point where the best interests of the patient are sacrificed on the altar of system. As an instance of this we often hear doctors speak of themselves as surgical or as medical doctors. Theoretically they mean that they elect to treat only such cases as are suitable for surgical treatment. All too often, however, it means that every problem of

treatment that they are confronted with is solved on the blade of a knife. Such doctors are known to be "quick on the knife." Unlike these modern Alexanders there are others, who possibly lacking the technical skill necessary to do surgery, are just as absurdly prejudiced in favor of indefinite treatment by suppositories, baths, diet, or perhaps whatever mechanical poobah is most popular at the time.

From the foregoing, I do not wish you to infer that all surgeons and physicians are rogues, for such a view, besides being incorrect is also a reflection on the intelligence of patients as a class. It cannot be denied, however, that unnecessary operations are being done daily and, though less susceptible of proof, it cannot be denied that many necessary operations are not being done. Concerning the advisability of operation in any one particular case the patient himself is certainly a very poor judge. Firstly, he is ill; a fact which in itself renders his judgment less reliable. Secondly, he is swayed in his judgment by his natural instincts of fear. Relatives whose anxieties are strained by the unhappy predicament of their loved one

are not much better counsellors. Indeed, it all resolves itself into a matter of faith in the physician. How to judge his sincerity and ability have always been a problem to the patient. Yet it *is* possible to make reasonably certain of both.

Ability may be judged by results obtained in similar cases, by a reputation as a specialist in that group of diseases and by the contributions to the specialty which the doctor has made in the form of medical writings, improved instruments and methods. Though the opinion of other doctors should be an impartial guide it is, most unfortunately, often warped by personal feelings or professional jealousy. Then there is the other matter—that of sincerity!

The question of sincerity is a broad one, yet it is susceptible of some analysis. Is the doctor conscientious? Is he interested in the after care of his patients, or is he merely a glad-hander who caters to your "psychology" but beneath whose dignity it is to dress an operative wound? In short is he truly interested in successfully treating your ailment? Or is he more intent upon parading his personality?

The detection of insincerity is after all an ever recurring problem of human relations, and I am not satisfied that the questions I have put constitute any infallible formula for use on such occasions. Meagre though the suggestion may be it will nevertheless serve to instil alertness. The doctor is surely entitled to his fee but then too the patient is entitled to conscientious advice and care.

CHAPTER XXXII

THE GOOD OLD DAYS

THERE are certain times in our life when we thrill with the thought of being alive during this wonderful day and age! Even the most humble workman has at his disposal the means of living a life which is luxury compared with what the kings of a few short hundred years ago existed under. His home is well heated by steam, well lighted by electricity; he may have, as a matter which is taken for granted, a daily bath, and for amusement the moving picture brings him within seeing distance of the ends of the earth, while the radio permits him to listen to music made hundreds of miles away. And yet there are people who yearn for the good old days!

Particularly silly does this yearning seem when it comes to the matter of surgery. In the good old days four strong men were used to hold a patient down while the surgeon amputated a limb, or did something else equally as uncomfortable. The blessing of anesthesia should, therefore, be properly valued. Whereas,

however, ether and other anesthetics are a blessing, certainly novocaine and the various other local anesthetics must be rated as both a blessing and a wonder. Although the dangers from a well given anesthesia are, in these days of specialists in anesthesia, relatively small, yet even that danger may frequently be avoided by the skilful use of local anesthesia. Indeed, there are instances of aged people or those whose kidneys, heart, or lungs are affected when the danger from an anesthetic would be so great as to make impossible the safe performance of an operation. And it is in these very cases that local anesthesia reveals itself as a godsend.

When local anesthesia was first suggested, the drug used was cocaine. Its injection in solution gave rise to a peculiar numb feeling in the part somewhat similar to that sensation aroused by freezing. The process, therefore, came to be popularly known as "freezing the part." Nowadays we use novocaine, or some other modification of the original cocaine, since they are quite as effective and very much less toxic. They are used in solutions injected into the tissues to be treated. If skilfully

given there is absolutely no pain during their injection nor during the operation. After the operation there may be a slight tingling or burning sensation which, however, lasts but ten or fifteen minutes and is quite easy to endure. Thus, without losing consciousness and without the disagreeableness of taking ether the patient scarcely knows when the operation starts and ends. Painless dentistry is made possible by the employment of just this method.

Very fortunately practically 90 per cent. of all operations about the anus and rectum may be done without taking ether. With the skilful employment of novocaine the parts are painlessly injected and the entire procedure of operation accomplished while the patient unconcernedly smokes a cigarette. He feels no pain either during the giving of the novocaine or during the operation. And even the tingling which would ordinarily follow the wearing off of the anesthetic may be avoided by the employment of modern methods. No one, therefore, has the slightest excuse for neglecting the surgical attention of a condition needing it.

Not only has the local anesthesia an advantage, so far as being safe and painless is concerned, but it is also a great saver of time since a person need not be confined so long following its use as when a general anesthetic, such as ether, is used. Indeed, in my own practice, many patients are able to go home immediately or within a day or two, much depending, of course, upon the nature and extent of the ailment. It does, therefore, help to avoid or decrease the length of a hospital stay. An additional advantage is that the danger of pneumonia and other complications after ether are entirely avoided. For my part I am well content to be living in this day and age rather than in the good old days!

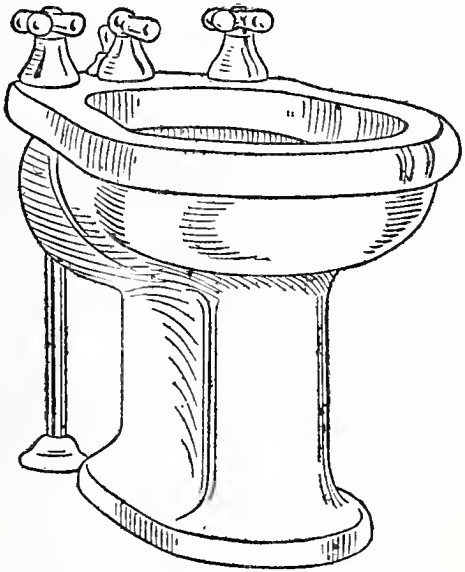
CHAPTER XXXIII

PERSONAL CARE

It is not generally realized how important the matter of proper cleansing material is in the matter of personal hygiene, yet the fact remains that by the use of too coarse a tissue, much harm may be done. The use of newspaper is particularly to be condemned, not only because of its coarseness, but also because of the alkali and ink on its surface. Various itching conditions have at times been attributed to the ink. Not only coarse material, but also rubbing which is too vigorous will be liable to damage the skin. The chafing caused in this manner results in a number of small cracks occurring in the skin about the anus and into these the ever present bacteria will find their way. Hence, not infrequently the presence of pimples or boils about the anus may be accounted for in this manner.

In certain countries of continental Europe there is prevalent a very commendable custom of using a special basin, known as the bidet, for cleansing. The bidet (a French word pro-

nounced bee-day) is shown in Fig. 11. It is merely a low basin equipped with hot and cold water. The bowl may be filled with water at any desired temperature for bathing or the water may be forced through a jet from the



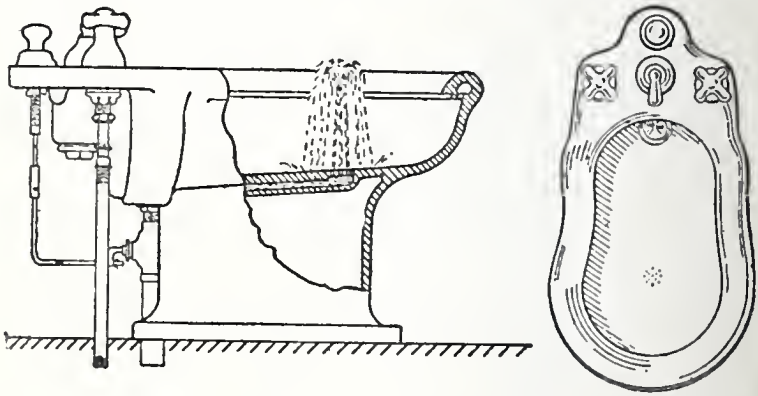
Courtesy of Thos. Maddocks Sons Co.

FIG. 11.—Bidet basin.

floor of the basin, as shown in Fig. 12. The patient may comfortably seat himself upon this basin and bathe from the water in the bowl or else from a stream of water arising from the jet. With the use of the bidet, constant and thorough cleanliness of those parts whose

particular function naturally requires more specific attention than other parts of the body can be obtained. For instance by having available such a special bathroom fixture thorough bathing of the part after every bowel movement is possible.

The idea is, of course, excellent and is



Courtesy of Thos. Maddocks Sons. Co.

FIG. 12.—Top view of bidet basin.

deserving of more popularity than it now enjoys. However, its use requires a certain amount of time and we Americans are still, of course, of the opinion that hurry is a necessity. Perhaps, when we arrive at the stage where our philosophy of living more nearly coincides with European ideals, we will adopt it. Besides being of value in personal sanita-

tion the bidet will be found exceedingly useful when taking an enema or a douche. Then, too, the hot sitz bath and other special baths may be very conveniently taken in this basin. Inasmuch, however, as paper cleansing is more generally used we can, at least, adopt for such use a tissue, such as Scot Tissue, which is soft and free from alkali bleaching material. By its gentle use we can accomplish cleansing without damage to the skin and in this manner maintain local hygiene so as to minimize whatever rectal ailments arise from this source.

In connection with the matter of personal hygiene I wish to mention the fact that underwear which fits too tightly in the crotch or the wearing of a suspensory, or other appliances which cause friction in these parts, is to be avoided insofar as is possible. The use of dyed underwear though no longer prevalent to any great extent is, however, still used by some under the impression that red flannel is much warmer than any other kind of flannel. This, of course, is erroneous and the dye from such underwear not infrequently becomes dissolved in the perspiration and acts as a chemical irritant.

Stout people should be particularly careful of personal hygiene since the accumulation of perspiration in the folds of the skin will give rise to much local irritation, particularly when one is active.

Women affected with a vaginal discharge, as, for instance, leukorrhea or "whites", should be particularly careful of their hygiene since not infrequently the discharge is very irritating and the entire area about the anus may become chafed, irritated and painful.

Occasionally I have had people come to me who have acquired the habit of shaving the region about the anus in an effort to be absolutely clean. However, such an attempt is futile and is almost certain to lead to rather troublesome complications. The reason for this is that when the hair starts to grow out again the growing stumps are as hard as bristles, and by sticking into the skin on the opposite side they give rise to an irritation which is evidenced by a most torturing itching. The nerve supply about the rectum is exceedingly delicate and profuse, and all such little injuries are greatly magnified in their effect.

It stands to reason that people afflicted with

venereal disease should be particularly careful of their personal hygiene, since it is quite possible for the germ infecting the private parts to also infect the anus and even the rectum. In this connection I would suggest the use of the 1 per cent. Germicidal Soap put out by Parke Davis Co.

The question often arises as to whether lack of personal cleanliness ever causes certain diseases such as piles. While uncleanliness cannot cause piles yet it can give rise to many conditions of infection such as abscess, fistula, pruritus and some others. At best, these parts are relatively unclean and the slightest irritation will, in the presence of germs, be liable to be followed by infection.

Equally important as personal cleanliness of the external portion of the intestinal tract is the matter of cleanliness of the internal portion of it. This is simply another way of saying that if we are at all careful of our person we should not allow the stagnation of waste material in our colons. Aside from those cases which are due to some actual disease of the colon or rectum, all cases of constipation are capable of cure by means easily within the

reach of everybody. As has been outlined elsewhere in this book part of the problem consists in so selecting our food that the residue from it is an easily passed mass of residue.

More important, however, than even this is the habit of selecting and observing a definite time for bowel movement to occur. This should never be varied in the slightest degree. The time arranged for this function may be any time in the day just so long as the same hour and exactly the same time be set aside each day for this function. If a person is eating the proper food the maintainance of this habit will be comparatively easy. However, in those who have not as yet formed the habit, its establishment is comparatively easy, and once established will do more to avoid the occurrence of intestinal and rectal disease than any one other measure. The habit will, moreover, persist throughout life as one of the truly good habits we form in our daily life.

In an endeavor to start the habit one of the safe laxatives such as petrolagar or psyllium seed may be used in an effort to obtain a bulky yet soft and easily passed fecal mass. If a morning time be selected for the bowel move-

ment then the patient should take two tablespoonsful of petrolagar in a glass of water after his evening meal. The next morning at the appointed time he visits the toilet and whether he has any natural desire or not, attempts to have a movement. During this time he should, however, avoid any undue straining. After a few days it will be found that the bowel function will begin to conform to the new routine. When this has occurred in a regular manner, for a week or two, one may begin to decrease the amount of the aiding medicine.

In this manner the bowel is reëducated into the habit of taking care of itself at the same time daily. If for any reason such as a change of diet or illness the habit is suspended it is only necessary to make sure that one's diet is sufficiently bulky, and then temporarily return to the use of the aiding medicine. In no instance should the call of nature be denied or postponed since serious ill effects can result from this. It is for this reason that when determining upon a fixed time for the performance of this function, due regard should be given to the various other duties and to one's occupa-

tion. The time usually found most appropriate is that immediately following breakfast.

Instead of the aiding medicines which I have mentioned a small cool enema may be taken each morning at the appointed time. This will induce a bowel movement and gradually as the habit becomes formed the temperature of the water may be increased by two degrees daily. In this way it constitutes less and less of a stimulus and the bowel comes to depend more and more upon its natural abilities. Rëeducation can, in this way, be accomplished in just the same manner as with the medicines mentioned. However, the preparation and administration of the enema takes time and attention, so that usually the medicines I have mentioned are used.

The various suggestions I have given in this chapter will be found of real value in the hygiene of the colon and rectum and their observance will, therefore, do much to prevent the occurrence of disorders and diseases of these parts.

CHAPTER XXXIV

A MAN WHO KNOWS

THIS is the day of the specialist. The day of the all-around worker is gone forever. If you don't believe it go out and try and get a position anywhere at anytime as an all-around worker. Pick up the newspaper, turn to the "Want Ads" and see what the demand is for! The trend of the times has made us all specialists. No business or profession is independent of others. If you are a merchant you are dependent upon the manufacturer who specializes in making the goods you sell, upon those who furnish the raw material of which those goods are made, upon the railways which specialize in transporting those goods to your city, upon your clerks and salesmen who specialize in selling your goods. You must have a hundred other things in order to conduct your business properly, all of which are supplied by those who specialize in those particular things.

So, too, in the study of medicine. Our knowledge today is so vast that no one man can know it all. Years ago every doctor treated

every disease. In those days the average length of life was thirty-three. Today we have specialists in every group of diseases. Now the average length of life is fifty-eight years. And we have specialism to thank for it. Because the specialist has at his finger tips a complete knowledge of the diseases he is called upon to treat; because of the numerous similar cases he has seen he has the skill necessary for precise diagnosis and exact methods of treatment. This concentration of judgment and skill results in speedy, successful improved methods.

Nowhere is the contrast better seen than in the case of the rectal specialist. A man comes suffering with uncomplicated internal hemorrhoids. The methods of the general surgeon require an operation under ether, a stay of weeks in the hospital and much pain and distress to be suffered. The method of the specialist requires no operation, requires no stay in the hospital, but instead permits the patient to continue at his work earning his daily bread. Throughout the treatment he has no pain nor harmful symptoms. Even cases which have been neglected so long as to require operation may be painlessly treated with only a few days

of rest. Other examples might be given but I am sure the above will suffice. Is specialism worth while? It is.

The most recent movement in modern medicine is that of public health education. The preceding chapters tell in plain words those facts about intestinal and rectal diseases which I believe every layman should know. They have thus been consistent with the present trend of medical thought and if they have succeeded in some degree in removing the false modesty that holds many in bondage, if they have lightened the fear of necessary treatment that grips others, and if they have removed a few dangerous delusions about home treatments, then I shall feel that much good will have come from the better understanding of these diseases, a good which will be evidenced in the reader by better health and longer life!

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